



APPLICATION FOR A LICENCE TO KEEP DANGEROUS WILD ANIMALS
Dangerous Wild Animals Act 1976

Applicant Details			
Name(s)			
Home Address incl postcode	..... ..... .....	
Date of Birth <i>(applicants must be over 18)</i>		National Ins No.	
Phone Number		Mobile No.	
Email Address			

Address of Premises at which the Animal(s) will normally be held:	
Address incl postcode	..... ..... .....

Previous Convictions	
Have you ever been convicted of any offence under: The Animal Boarding Establishment Act 1963? The Protection of Animals Act 1911 & 1964? The Protection of Animals (Scotland) Act 1912 & 1964? The Pet Animals Act 1951 (as amended)? The Dangerous Wild Animals Act 1976 The Breeding of Dogs Act 1993 The Riding Establishments Acts 1964 & 1970	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes, please provide details:	..... ..... .....

Details of Species and Number of Animals either kept, or proposed to be kept under the authority of the Licence

Species	Number of Animals

<p>Do you both own and possess the animals listed above?</p> <p>If No please give details of the current ownership and possession</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>Are you the holder of a current insurance policy which insures you against liability for any damage which may be caused by the animal(s) listed above?</p> <p>If Yes, please enclose a copy of your policy with your application</p> <p>If No, what steps are you taking to obtain such insurance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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Number, Construction and size of quarters in which animals are (will be) accommodated

Number of Accommodation	Construction	Size (approx)

Arrangements for:

Drainage	.....
Ventilation	.....
Temperature Control	.....

Lighting (Natural / Artificial)	..... .....
Provision, storage and preparation of food and drink	..........
Ensuring adequate exercise	..........
Ensuring veterinary care, including preventative measures	..........
Controlling the spread of infectious disease	..........
Fire Safety Precautions & Equipment	..........
Disposal of excreta	
Name an address of your normal veterinary surgeon / practitioner	..... ..... ..... Tel:
Do you intend to breed from the animal(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you intend to remove the animal(s) from the premises identified above, for any reason? If Yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the public have access to the area where your animal(s) are kept?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who will be in control of the animal(s) in your absence? <i>(Please provide name, address and telephone details for use in the event of an emergency)</i>	..... ..... ..... Tel:

Declaration:

- I hereby certify that I am not disqualified from:
 - ❑ Keeping any dangerous wild animals
 - ❑ Keeping a dog
 - ❑ Having the custody of animals
 - ❑ Keeping a pet shop
 - ❑ Keeping an animal boarding establishment
 - ❑ Keeping a riding establishment
 - ❑ Keeping a dog breeding establishment
- I agree that an officer, veterinary surgeon and/or veterinary practitioner, authorised by the Council, may inspect the premises which are the subject of this application before and/or after any licence is issued.
- I acknowledge that when an inspection is undertaken by a veterinary surgeon, the fees will be recharged to me following that inspection.
- I certify that to the best of my knowledge and belief, the above particulars are true
- I understand that West Somerset Council is under a duty to protect the public funds it administers and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- I am applying for a licence under the Dangerous Wild Animals Act 1976 and enclose the relevant fee.

Signature	
Date	

Checklist

Please ensure the following are enclosed/completed:

- Fully completed application form
- Copy of public liability insurance
- Site plan showing location of premises (new applications only)
- Plan of premises to scale of 1:100 showing the area the animal(s) have access to and including sleeping compartments (new applications only)
- Relevant fee

Payment of Fee

You can pay the licence fee by:

- Enclosing a cheque made payable to West Somerset Council
- By cash, in person at our offices.
- By telephone to 01643 703704

Once completed, your application should be sent to the Licensing Unit, West Somerset Council, West Somerset House, Killick Way, Williton, Taunton, Somerset, TA4 4QA.