

# Application for Licence to keep Dangerous Wild Animal(s)

Dangerous Wild Animals Act 1976

North Lincolnshire Council is under a duty to protect the public funds it administers and to prevent and detect crime, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud or crime. It may also share this information with other bodies administering public funds solely for these purposes.

**Title:**

**Forename(s):**

**Surname:**

**Address:**

**Post Code:**

**Tel No:**

**Email Address:**

**Business Name**

**Business Address  
where the animal(s)  
will normally be held**

**Post Code:**

**Tel No:**

**Species of animal proposed to be kept under the authority of the licence**

**Number of animals**

Is it intended to breed or attempt to breed from these animals?

Yes

No

Do you both own and possess all the animals listed above?

Yes

No

If **NO**, please give details of ownership and possession

Are you disqualified from:

a) keeping any dangerous wild animals?

Yes

No

b) keeping a dog?

Yes

No

c) having the custody of animals?

Yes

No

d) keeping a pet shop?

Yes

No

e) keeping an animal boarding establishment?

Yes

No

f) keeping a riding establishment?

Yes

No

g) keeping a dog breeding establishment?

Yes

No

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?

Yes

No

If **YES**, enclose with your application evidence that you hold such insurance; if **NO** state what steps you are taking to obtain such insurance.

Insurance Company:

Policy Number:

Expiry Date:

Please give the following information about the accommodation in which the animals listed above will be held:

a) construction

b) size

c) arrangements for:

i) drainage

ii) ventilation

iii) temperature control

d) arrangements to be made:

i) for the provision, storage and preparation of food

ii) for ensuring adequate exercise

iii) for ensuring veterinary care, including preventative measures

iv) in the event of fire or other emergencies

**Additional Information**

Please attach the following:

Insurance policy

I hereby confirm that I can meet the criteria needed to obtain a licence and that should any matters be omitted that it will impact on my application. It is my responsibility to make sure that all information is complete and correct.

**Signature**

**Name**

I hereby declare that I am over 18 years of age and not disqualified by being convicted of any offence at any time under the Protection of Animals Acts 1911 and 1964, the Protection of Animals (Scotland) Act 1912, the Protection of Animals Act 1934, the Pet Animals Act 1951, the Animal Boarding Establishment Act 1963, the Riding Establishments Acts 1964 and 1970 or the Breeding of Dogs Act 1973.

I agree to permit an officer, veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises, which are subject of this application before any licence is granted.

I hereby authorise the details of the aforementioned business, including; the name of licence holder; business name; address; contact telephone number; and licence expiry details being published on a Public register which will be made available on North Lincolnshire Council's website.

**Signature of Applicant:**

**Date:**

**OFFICE USE ONLY**

**Cost Centre**

NEL001

**Fee**

£

**Income Code**

9002

**Receipt No**