

**Falkirk Council** For help contact

**Application for a licence to keep dangerous**  envhealth@falkirk.gov.uk

**wild animals** Telephone: 01324 504982

**Dangerous Wild Animals Act 1976**

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| **Section 1 – Applicant Details**  |
| **Individual’s Details****Name**First Name  Family Name**Contact Details**Address AddressAddressPost CodeE-MailTelephone NumberFax Number**Agent’s Details**  Are you an agent acting on the behalf of the applicant? Yes If Yes please provide Agents details below:   NoName Address AddressAddressPost CodeE-MailTelephone NumberFax Number |

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| **Business Details**Is your business registered in the UK with Companies House? Yes NoIs your business registered outside the UK? Yes NoBusiness name VAT numberYour position in the businessAddress AddressAddressPost CodeE-MailTelephone NumberFax Number |
| **Section 2 – Application Details** |
| Type of application  New  Renewal **Species of animals to be accommodated****Numbers to be kept****Is it intended to breed or attempt to breed from these animals?** Yes No🞏 |

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| **Section 3 – Premises to be Licensed** |
| Name of premises/trading name Address AddressAddressPost CodeE-MailTelephone NumberFax Number**Contact Details of Person Responsible for Managing the Premises**NameE-Mail AddressTelephone Number |
| **Section 4 – Accommodation and Facilities** |
| Details of the quarters used to accommodate animals, including number, size, and type of construction.Exercise facilities and arrangements. |

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| *Continued from previous page…..*Heating arrangements (temperature control and humidity)Method of ventilation of premises.Lighting arrangements (natural and artificial).Water supply.Facilities for food storage and preparation.Arrangements for disposal of excreta. Bedding and other waste material.Isolation facilities for the control of infectious disease.Fire precautions/equipment and arrangements in the case of fire.Arrangements for keeping a register/record of animals.Arrangements for minimising the disturbance from noise. |

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| **Section 5 – Veterinary Surgeon** |
| **Usual veterinary surgeon**Name Address AddressAddressPost Code**Contact Details** NameE-Mail AddressTelephone NumberFax Number |
| **Section 6 – Emergency Key Holder** |
| Name Address AddressAddressPost CodeE-MailTelephone NumberFax Number |
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| **Section 7 – Disqualifications and Convictions**  |
| Has the applicant, or any person who will have contact or management of the establishment, ever been disqualified from? (a) Keeping a Riding Establishment? Yes/No (b) Keeping a Dog? Yes/No (c) Keeping a Pet Shop? Yes/No (d) Having the Custody of Animals? Yes/No (e) Keeping a Boarding Establishment for Animals? Yes/No (f) Keeping a Breeding Establishment? Yes/No (g) Keeping a Dangerous Wild Animal? Yes/No Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under Animal Welfare of Wildlife Legislation? Yes/NoHas the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? Yes/No |
| **Section 8 – Insurance Details** |
| Details of Insurance Policy held to cover liability for damage caused by animals.CompanyPolicy No. Expiry Date |
| **Section 9 – Additional Details** |
| Provide any additional information which is required or relevant to your application. |
| **Section 10 – Submissions** |
| You will have to submit a layout of the site to a scale approved by the local authority along with this application. The plan should show the boundaries of the site, the position of the buildings and all the facilities detailed. (Only required for new applications or if alterations have been made to the existing premises.) |
| **Authority Postal Address and E-Mail Address** |
| Falkirk CouncilPlace ServicesSuite 1B, Falkirk Stadium4 Stadium WayFK2 9EEenvhealth@falkirk.gov.uk  |
| **Declaration**  |
| I am aware of the provision of the Dangerous Wild Animals Act 1976. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief. I certify that I am not under the age of 18.Signed Print NameDate |