NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL  
ENVIRONMENTAL HEALTH  
PUBLIC HEALTH TEAM

DANGEROUS WILD ANIMALS ACT 1976

APPLICATION FOR LICENCE TO KEEP DANGEROUS WILD ANIMAL(S)

To: The North West Leicestershire District Council

Name of Applicant: __________________________________________________________

Address: _________________________________________________________________

_________________________________________________________________________

Telephone No.: __________________________________________________________

Address of premises where animal(s) is/are to be kept:

_________________________________________________________________________

Species of animal(s) to be kept: (1)

_________________________________________________________________________

Numbers to be kept:

_____________ Male  _______________ Female  _______________ Total

1. Is it intended to breed or attempt to breed from these animals?  YES / NO

2. Description and dimensions of accommodation to be used:

_________________________________________________________________________

_________________________________________________________________________
3. Description of type of food to be supplied and source:

___________________________________________________________________
___________________________________________________________________

4. Details of insurance policy held to cover liability for damage caused by animals: (2)

Company: __________________________________________________________
 Policy No.: ______________  Expiry Date: ____________  Amount: _____________

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

I APPLY for a Licence under the Dangerous Wild Animals Act 1976 in respect of which I enclose the fee (3) of £144.00 as detailed on the enclosed invoice and agree to pay for vet’s fees incurred for inspection on submission of the account,

Dated: ____________________    Signed: (4) ____________________________

________________________________________________________________________

NOTES:  
(1) Give scientific name if possible.
(2) This policy must be produced to an inspecting officer if required.
(3) The fee is such sum as, in the Authority’s opinion, is sufficient to meet the direct and indirect costs which they may incur.
(4) Indicate capacity, if signing on behalf of a company or partnership.

__________________________________________________________________________

FOR OFFICE USE ONLY

Date of Inspection: ______________________________________________________
Recommendation: ______________________________________________________

Dated Reported to Council and Decision: ______________________________________
Number of Licence Issued: ________________________________________________
Entered in Register – Date: ________________________________________________