

**APPLICATION FOR LICENCE TO  
KEEP DANGEROUS WILD ANIMAL(S)**

DANGEROUS WILD ANIMALS ACT 1976



I/We (full name) .....  
of .....

Postcode ..... Telephone No .....

Make application to keep animals on the schedule of the Dangerous Wild Animals Act 1976 as follows:

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

Species of animal(s) to be kept: (see Note 1) .....

Numbers to be kept: ..... Male ..... Female ..... Total

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 & 1964, the Protection of Animals (Scotland) Act 1912, the Protection of Animals Act 1934, the Pet Animals Act 1951, the Animal Boarding Establishments

1. Is it intended 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 animal(s): (see Note 2)

Company: ..... Sum Insured: .....

Policy No: ..... Expiry date: .....

Act 1963, the Riding Establishments Acts 1964 & 1970 or the Breeding of Dogs Acts 1973 & 1991.

I APPLY for a Licence under the Dangerous Wild Animals Act 1976 in respect of which I enclose the fee of

£315.00 for new licence application or  
£210 for licence renewal(see Note 3)

Signed .....

Dated ..... (see Note 4)

FOR NOTES PLEASE SEE NEXT PAGE

## **NOTES**

1. Please give scientific name if possible
2. This Policy must provide cover for at least £1 million and 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 as a result of this application.
4. Indicate capacity if signing on behalf of a company or partnership.
5. You are advised to contact the Manager of Planning Services at the Basildon Centre, St. Martin's Square, Basildon, Essex SS14 1DL to ascertain whether or not planning permission will be required in respect of your application.

Please return your completed form and appropriate fee (cheques made payable to Basildon District Council) to:

Manager of Environmental Health Services  
Basildon District Council  
The Basildon Centre  
St. Martin's Square  
Basildon  
Essex SS14 1DL

### **For Office Use Only**

Date of Inspection .....	Officer .....
Result of Inspection .....	
.....	
Recommendation .....	
.....	
Date of Consultation letter to Police .....	Date of reply .....
Recommendation .....	
.....	
Date of C D L .....	Decision .....
Date licence issued/refused .....	Date entered on register .....
Admin. Officer .....	Number of Licence .....