

**DANGEROUS WILD ANIMALS ACT 1976**

**APPLICATION FOR LICENCE TO KEEP DANGEROUS WILD ANIMALS**

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| **APPLICATION DETAILS** |
| NEW / RENEWAL*Delete as appropriate* | Existing Licence…………………………….Expiry Date …………………………………. |

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| APPLICANT DETAILS |
| FULL NAME(S) OF APPLICANT | Title…………………………….Surname ………………………………….Christian Names…………………………….. |
| Applicant address | ……………………………………………………………………………………………………………………………………………………… |
| Telephone Number | Home: ………………………………………Mobile: …………………………………….. |
| Email address | ………………………………………………. |
| Details of qualifications/experience |  |

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| **ANIMALS TO BE KEPT** |
| Species of Animals | ……………………………………………………………………………………………………………………………………………………… |
| Numbers to be kept | Male ………………………………………Female ……………………………………. |
| Is it intended to breed or attempt to breed from these animals | YES/NO |

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| **ACCOMMODATION AND FACILITIES** |
| Type of accommodation to be used (delete as appropriate) |
|  |
| Details of quarters used to accommodate animals, including number, size and type of construction |
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| Exercise facilities and arrangements |
|  |
| Heating arrangements |
|  |
| Method of ventilation of premises |
|  |
| Lighting arrangement (natural and artificial) |
|  |
| Water supply |
|  |
| Type of food to be supplied and source |
|  |
| Facilities for food storage and preparation |
|  |
| Arrangements for disposal of excreta, bedding and other waste material |
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| Isolation facilities for the control of infectious diseases |
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| Fire precautions/equipment and arrangements in the case of fire |
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| Arrangements for keeping a register/record of animals and risk assessments |
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| Arrangements for minimising the disturbance of noise |
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| **VETERINARY SURGEON REGISTERED WITH** |
| Full name of veterinary Surgeon/Practitioner | ……………………………………………………..…………………………………………………….. |
| Trading Name | …………………………………………………….. |
| Practice address | ……………………………………………………..……………………………………………………..……………………………………………………... |
| Telephone number |  |
| Email address |  |

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| **Emergency Key Holder** |
| Do you have a named emergency keyholder?  | **YES/NO** |
| If yes please supply contact detailsName ……………………………………………………………………Address ……………………………………………………………………Tel No. ……………………………………………………………………Email …………………………………………………………………… |
| **INSURANCE DETAILS** |
| Company Name & Address | ……………………………………………………..……………………………………………………..……………………………………………………..…………………………………………………….. |
| Level of insurance cover |  |
| Policy No ………………………………………………………. | Expiry date ……………………………………….. |

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| **Disqualifications and Convictions** |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from  |
| Keeping a dog breeding establishment? | YES/NO |
| Keeping a dog? | YES/NO |
| Keeping a pet shop? | YES/NO |
| Keeping a pet shop? | YES/NO |
| Keeping a riding establishment? | YES/NO |
| Keeping an animal boarding establishment? | YES/NO |
| Having custody of animals? | YES/NO |
|  |  |
| If yes to any of the above please provide details, including dates and circumstances |
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| Has the applicant, or any person who will have direct control or management of the establishment ever had a licence refused, revoked or cancelled?  | **YES/NO** |
| If yes please provide details, including dates and circumstances |
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| **DECLARATION** |
| **I am aware of the provisions of the Dangerous Wild Animals Act 1976 and over 18 years of age.****The details contained in this application form and any attached documentation are correct to the best of my knowledge and belief.****I enclose the appropriate licence fee of £…………………..****I am satisfied that the premises has the requisite planning permission for the use proposed and that such use does not contravene any planning conditions that may apply to the premises.****Read the following statement carefully before signing it. A false statement may render you liable to prosecution.****I declare my answers to the above questions to be correct in every respect.****Signed ……………………………………………………. Dated …………………………………………….****Print name………………………………………………..** |

Please return form to:

Licensing Department

Environmental Health

Mid Sussex District Council

Oaklands

Oaklands Road

West Sussex

RH16 1SS

OR

licensing@midsussex.gov.uk

**Privacy Notice – Applicants for licences**.

Mid Sussex District Council will use your personal information for the purposes of assessing and determining your application. This will include information relating to convictions, health, nationality and ethnic origin (where applicable). The information will be used on an on-going basis for administration of the licensing regime. Your personal information will be safeguarded and processed in accordance with data protection requirements.

We may share and receive information from the police, DVLA, Home Office, DWP, Cabinet Office, Motor Insurers Bureau (MIB), DVSA, RPSCA, other local authorities and organisations (for taxis this may include private hire operators). We may also share information with other council departments. This information will be shared for the purposes of assessing your application and your continuing fitness to hold a licence. We may also share your information for the purposes of the prevention and detection of crime. We may use such information to revoke, suspend or refuse your licence. The council may publish details of convictions or enforcement actions against licence holders. If the council suspend or revoke a licence, this information may be entered onto a national refusals register and details of the revocation shared with other local authorities upon request.

After an application is granted, some information will be made available for public inspection via public registers in accordance with our statutory obligations. Please refer to our website for further information.

For more detailed information please go to www.midsussex.gov.uk/licensing