SHEFFIELD CITY COUNCIL

**APPLICATION FOR A LICENCE TO KEEP A DANGEROUS WILD ANIMAL**

# **THE DANGEROUS WILD ANIMALS ACT 1976**

**Please read the notes at the foot of this form before completing it.**

1. APPLICANT(S)

Full Name(s) ……………………………………………………………….…………………………..

………………………………………………………………….………………………………………..

Date of Birth: ……………………………………………………………………...…………………….

Address (including postcode) ………………….……………………………………………………..

……………………………………………………………………………………………………………

Telephone No ………………………………………………………………………….…………….…

Mobile No ………………………………………………………...……………………………….…….

E.Mail Address: ………………………………………………………………..……………………….

1. PREMISES AT WHICH THE ANIMAL(S) ARE NORMALLY HELD

Name (if any) ………………………………………………….………………………………………..

Address (including postcode) ………………………………………………….……………………..

……………………………………………………………………………………………………………

Telephone No ……………………………………………………….………………………………….

Name and telephone number of person through whom inspection of the premises

can be arranged …………………….………………………………………………………………….

1. OFFENCES, DISQUALIFICATIONS, ETC

Have you ever been:

(a) Convicted of any offences involving animal (s)? YES / NO

(b) Disqualified under animal related legislation? YES / NO

If the answer to these questions is yes, please supply full details on a separate sheet. Any information is subject to the Rehabilitation of offenders Act, 1974.

1. ANIMAL(S)

What animal(s) do you intend to keep? ……………………………………………………………..

How Many? ……………………….…………………………………………………………………….

State their sex ………………………………….……………………………………………………….

1. ANIMAL ACCOMMODATION AND HUSBANDRY

(a) What accommodation will you provide? ………….………………………………………….…

….…………………………………………………………………………..…………………………….

….………………………………………………………………………………………..……………….

What steps have you taken/do you intend to take for securing:

1. That the animal (s) will at all times be kept in accommodation which is suitable as respects size and construction of quarters, number of occupants, exercising facilities, temperature, drainage, lighting, ventilation and cleanliness?

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(c) That the animal (s) will be adequately supplied with suitable food, drink and bedding material, adequately exercised, and visited at suitable intervals?

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(d) That all-reasonable precaution will be taken to control and prevent the spread of infectious or contagious disease?

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(e) What isolation facilities do you intend to provide?

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1. What appropriate steps will be taken for the protection of the animal(s) in case of fire?

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1. How do you intend to dispose of any waste material from the animal(s)

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6. OWNERSHIP OF THE ANIMAL(S)

Do you own/or intend to own and possess the animal(s) YES / NO

If ‘NO’ please give full details of ownership and possession on a separate sheet.

7. INSURANCE AGAINST LIABILITY FOR LOSS, DAMAGE OR INJURY CAUSED BY ANIMAL(S)

Do you have any such insurance? ……………………………..……………………………………

If yes, please attach evidence of the insurance policy.

(The Licensing Service will require a copy of the certificate of insurance and policy before a licence will be granted)

If ‘NO’, when will you produce such evidence?……………………………….……………………

8. DECLARATIONS, ETC.

I/we hereby apply for a licence under the Dangerous Wild Animals Act, 1976.

I/we declare that I/we are over 18 years of age.

I/we understand my/our responsibilities under the Act.

I/we declare that the information given is complete and correct.

I/we enclose the licence fee of **£210**………………………………………………………………

(Cheques are to be made payable to Sheffield City Council)

1. SIGNATURES

……………….……………………………………………………………………………………………

…………………………….………………………………………………………………………………

DATE ………………………………….…………………………………………………………………

## NOTES

1. Please complete this form in BLOCK CAPITALletters and return it to:

**Licensing Service**

**Business Strategy and Regulation Tel: (0114) 273 4264**

**Place Portfolio Fax: (0114) 2735410**

**Block C Staniforth Road Depot**

**Staniforth Road**

**Sheffield**

**S9 3HD**

**Opening Times Or visit our website at:** [**www.sheffield.gov.uk**](http://www.sheffield.gov.uk)

**10:00am to 4:00pm Or email us at:** [**licensingservice@sheffield.gov.uk**](mailto:licensingservice@sheffield.gov.uk)

**Monday to Friday**

1. The Council’s Chief Environmental Health Officer will deal with the technical aspect of this application, Tel: 0114 203 7415.

It will be necessary for an inspection of the premises to be carried out by a Veterinary Surgeon appointed by Sheffield City Council. The full cost of obtaining the report is payable by the applicant. The Head of Environmental & Regulatory Services will invoice the applicant directly. Should you require any further information regarding this matter, please contact the Animal Health Section on the number shown above.

No licence will be granted until the Council receive full payment to cover the cost of the veterinary assessment. If a cheque is not honoured the Council will seek to recover the money through the Courts which may incur additional costs. Where a licence is granted, it will be for a period of two years.

1. The Licence fee is fixed in April each year. If the application is made near this date, please check the fee prior to submitted the application.

OFFICE USE ONLY

Date: ………………………………………………. Time: ………………………………………………...

Officer: …………………………………………….

Receipt No: ………………………………………. Fee: £…………………………………………………

Date Sent to ERS: …………………………………………………………………………………………….

Date Received from ERS: ……………………………………………………………………………………

Licence No: ……………………………………….Issue Date: ……………………………………………..

