

The Licensing Unit Town Hall Halifax HX1 1UJ

Contact Details: Tel: 01422 393001

Email:licensing@calderdale.gov.uk Web:www.calderdale.gov.uk/licensing

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

APPLICATION FOR A LICENCE

TO KEEP DANGEROUS WILD ANIMALS

DANGEROUS WILD ANIMALS ACT 1976

Part 1 – Applicant Details				
1. Title: Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Dr 🗌 Other <i>(please specify)</i>				
Surname:				
Other name(s):				
2. Home Address:				
Postcode:				
3. Telephone:	Daytime:			
	Mobile:			
	Evening:			
4. Email Address:				
5. Date of Birth:				
[please give as many contact details as possible in case we need to contact you]				

Part 2 – Animal Details				
Number of Animals	Species	Premises where animals will normally be held		

Part 3 – Full names and addresses of persons other than the applicant who will b	e
involved in keeping the animal(s)	

[continue on a separate sheet if necessary]

Part 4 – Declaration and Checklist (please tick)

- I confirm that, to the best of my knowledge and belief, the information contained in this application is true.
- I enclose the appropriate fee for this application (cheques should be made payable to Calderdale Metropolitan Borough Council).
- I agree to pay the cost of a veterinary officer's inspection of my premises and understand that this will be charged at an hourly rate and that I will be advised of the total amount due once this inspection has been completed.

[The cost of a veterinary officer's premises inspection will be charged at an hourly rate. You will be notified of the vet's cost once the inspection has been completed. This will become payable prior to grant of the Licence.]

 I hereby apply for a licence to keep the aforementioned animal(s) at the premises specified, and I declare that I am neither under the age of 18 nor disqualified under the Dangerous Wild Animals Act 1976 from keeping any dangerous wild animal.

Part 5 – Signature

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:	
Print Name:	
Capacity:	
Date:	

Pa	Part 6 – Contact Details			
6.	Please give	e the name of a person who can be contacted about the application:		
7.	•	e one or more telephone numbers at which the person identified in question		
	5 can be contacted:			
	Daytime:			
	Mobile:			
	Evening:			
8.	Postal addr	ess for correspondence associated with this application:		
	Postcode:			
9.		appy for correspondence in relation to your application to be sent via e-mail, the e-mail address below:		

*Delete or select as appropriate.