**Dangerous Wild Animals**

**Act 1976**

**Application for Licence**

|  |  |
| --- | --- |
| Name of Applicant(s) |  |
| Address of Applicant(s) |  |
| Age and Date of Birth of Applicant(s) |  |
| Business Name |  |
| Address at which Dangerous Wild Animal(s) are to be kept |  |
| Landline Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| Is the Applicant(s) the Owner of the Animal(s)? *(See Note 2)* |  |
| Will the Applicant(s) be the person(s) normally having the day to day supervision of the Animal(s)?*(See Note 2)* |  |
| Does the Applicant(s) reside at the address where the animal(s) are kept? If not, what arrangements are made for the supervision of the Animal(s)? |  |
| Give a brief description of the accomodation in which the Animal(s) are to be housed |  |
| **Is or has the applicant(s) ever been disqualified; (please insert √)** | **Yes** | **No** |
| under this Act |  |  |
| under section 28 F (1) and (2) of the Animal Health Act 1981 |  |  |
| under section 40 (1) and (2) of the Animal Health and Welfare (Scotland) Act 2006 |  |  |
| **Specify the Species of Animal(s) for which a licence is required, and the number of Animal(s) which are to be licensed** |
| Species of Animal | Number | Species of Animal | Number |
|  |  |  |  |
| Do you hold a current insurance policy which insures you and any other authorised keeper against liability for any damage which may be caused by the Animal(s)? (Please give details) |  |
| What is the name and address of your usual veterinary surgeon/practitioner? |  |

**FEES:**

Initial Grant or Renewal of Licence - **£214.00** plus vets fees

*Vets fees will be invoiced to you at a later date*

**PAYMENT:**

Payment can be made by the following –

**Credit/Debit Card** – by calling Dumfries and Galloway Council’s Trading Standards on 030 33 33 3000

I, the undersigned, do hereby apply for a Licence under the Dangerous Wild Animals Act 1976, and do hereby declare the above particulars to be true and complete to the best of my knowledge and belief. I, also agree to the details provided in ***the shaded area*** will be published on Dumfries & Galloway Council’s Website.

|  |  |
| --- | --- |
| Signature of Applicant |  |
| Date |  |

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| Dumfries and Galloway Council Trading StandardsMilitia House English Street DUMFRIES DG1 2HR TradingStandards@dumgal.gov.uk030 33 33 3000 |

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| --- |
| For Official Use Only |
| Fee Paid | Date Fee Paid | Date Receipt Issued |
|  |  |  |