**Privacy Statement**

Havant Borough Council need to process your data to comply with a legal obligation primarily under the Dangerous Wild Animals Act 1976. You have a number of rights on how your data is used, including the right to object, for more information on your rights see: <https://www.havant.gov.uk/privacy-policy>

|  |  |
| --- | --- |
|  | **APPLICATION FOR LICENCE TO KEEP DANGEROUS WILD ANIMALS**  Dangerous Wild Animals Act 1976 |

**I HEREBY APPLY to Havant Borough Council to grant to me, subject to the provisions of the Dangerous Wild Animals Act 1976, a licence to keep dangerous wild animals.**

**1. APPLICANT DETAILS**

|  |
| --- |
| **In what capacity are you applying?** |
| |  |  |  | | --- | --- | --- | |  | **An individual** | **PLEASE COMPLETE SECTION** | |  | **A registered company** | **PLEASE COMPLETE SECTION** | |  | **A partnership** | **PLEASE COMPLETE SECTION** | |

**1A. INDIVIDUAL APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | Mr  Mrs  Miss  Ms  Other  (Please specify) | | | |
| **Surname** | |  | | |
| **Forename(s)** | |  | | |
| **I confirm that I am at least 18 years of age**  *Please note that you must be 18+ years old to hold a licence.* | | | | |  |  | | --- | --- | | Yes | No | |
| **Address** | | |  | |
| **Postcode** | |  | | |
| **Contact telephone number** | | |  | |
| **Email address** | |  | | |

**1B: REGISTERED COMPANY**

|  |  |  |
| --- | --- | --- |
| **Company Name** |  | |
| **Registration Number** |  | |
| **Registered Address** | |  |
| **Postcode** |  | |
| **Contact telephone number** | |  |
| **Email address** |  | |

**1C. PARTNERSHIP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTNER 1 (MAIN POINT OF CONTACT)** | | | | |
| **Title** | **Mr  Mrs  Miss  Ms  Other  (Please specify)** | | | |
| **Surname** | |  | | |
| **Forename(s)** | |  | | |
| **I confirm that I am at least 18 years of age**  *Please note that you must be 18+ years old to hold a licence.* | | | | |  |  | | --- | --- | | Yes | No | |
| **Address** | | |  | |
| **Postcode** | |  | | |
| **Contact telephone number** | | |  | |
| **Email address** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTNER 2** | | | | |
| **Title** | **Mr  Mrs  Miss  Ms  Other  (Please specify)** | | | |
| **Surname** | |  | | |
| **Forename(s)** | |  | | |
| **I confirm that I am at least 18 years of age**  *Please note that you must be 18+ years old to hold a licence.* | | | | |  |  | | --- | --- | | Yes | No | |
| **Address** | | |  | |
| **Postcode** | |  | | |

|  |
| --- |
| **ADDITIONAL PARTNERS** |
| **On a separate sheet, you must attach the following details of all additional partners:**   * **Full name** * **Address, including postcode** * **Confirmation that they are at least 18 years of age** |

**2. PREMISES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address of premises where animals are to be kept** | |  | |
| **Postcode** |  | | |
| **Is the premises (or relevant part of the premises) accessible to the public?** | | | Yes  No |
| **Nature of premises** | | | |
| **Domestic**  **Commercial** (excluding premises licensed under the Zoo Licensing Act (1981)  **Retail** (excluding premises licensed as a pet shop under the Animal Welfare (Licensing of Activities Involving Animals) Regulations (2018)  **Other** – Please state: | | | |

|  |  |
| --- | --- |
| **On what basis does the applicant occupy the premises?** | |
| **Freeholder**  **Leaseholder**  **Tenant**  **Other** – Please state: | |
| **Where the applicant is not the freeholder of the premises, has the freeholder given their consent ?** | Yes  No |

**3. ANIMALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Species and number of animals to be kept** | | | |
| **Common name** | **Scientific name** | **Male/Female** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **What is the ownership status of these animals?** | | **Currently own**  **Intend to own** | |
| **Is it your intention to breed or attempt to breed from these animals?** | | Yes No | |
| **Do you intend to move the animals off the premises (for shows, exhibitions, breeding etc) for a period exceeding 72 hours? If YES, please provide list of address(es) on separate sheet.** | | Yes No | |
| **If it is your intention to move any animal(s) from the premises named in this application give details of the method of transport and the containers to be used.** | | | |
|  | | | |
| **Qualifications and/or experience of applicant(s) in keeping and handling the animal(s) included in this application.** | | | |
|  | | | |
| **Full names, addresses, ages and qualifications/experience of any other person to be included as an additional keeper within any licence granted.** | | | |
|  | | | |

**4. INDIVIDUAL SPECIES INFORMATION**

|  |  |
| --- | --- |
| **For each species, enclose a scale diagram of each enclosure** | **Number of diagrams enclosed:** |
| **Provide a description of the enclosure provided for the animal(s) including construction materials and substrates. Where appropriate, describe housing and outside enclosures/paddocks.** | |
|  | |
| **Where relevant, describe fencing including height, anti-dig measures, overhangs and materials.** | |
|  | |
| **Describe the environmental parameters provided including temperature, humidity, lighting and water quality if appropriate.** | |
|  | |
| **Describe the enclosure contents including natural and artificial items.** | |
|  | |
| **Describe the cleaning and hygiene protocols including drainage.** | |
|  | |
| **How is animal waste disposed of?** | |
|  | |
| **What is the diet of the animals and where will food items be obtained from?** | |
|  | |
| **Where will food be stored so that it does not spoil and is protected from vermin?** | |
|  | |
| **Describe enrichment and exercise that will be provided to the animal(s).** | |
|  | |

**5. SAFETY PROTOCOLS**

|  |
| --- |
| **What measures are in place (including prevention and detection equipment installed) to protect the animals in case of emergency such as fire or flood?** |
|  |
| **What measures are in place to prevent unauthorised access to the premises or animals? Include details on gates, doors, security cameras and alarms.** |
|  |
| **What measures are in place to prevent the escape of the animals?** |
|  |
| **If appropriate, do you have access to licensed and appropriate firearms to respond to an escape?** |
|  |
| **What capture equipment do you own to assist in the event of escape?** |
|  |
| **What precautions do you intend to take against the spread of infectious diseases? This should include preventative health, biosecurity, isolation etc and be approved by your veterinarian.** |
|  |
| **If the species kept is venomous what measures do you have in place in the event of an envenomation?** |
|  |

**6. VETERINARY SURGEON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of usual veterinary surgeon** | | | | |  |
| **Company name** | | |  | | |
| **Address** |  | | | | |
| **Postcode** |  | | | | |
| **Contact telephone number** | | | |  | |
| **Email address** | |  | | | |

**7. EMERGENCY KEY HOLDER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have an emergency key holder?** | | | | | |  |  | | --- | --- | | Yes | No | |
| **Full name** | | |  | | |
| **Address** |  | | | | |
| **Postcode** |  | | | | |
| **Daytime telephone number** | | | |  | |
| **Evening telephone number** | | | |  | |
| **Email address** | |  | | | |

**8. PUBLIC LIABILITY INSURANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have public liability insurance?** | | |  |  | | --- | --- | | Yes | No | |
| **Insurance company** |  | |
| **Policy number** |  | |
| **Please provide details of the policy** |  | |
| **Period of cover** |  | |
| **Amount of cover (£)** |  | |

**9. DISQUALIFICATIONS AND CONVICTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has the applicant, or any person who will have control or management of the premises, ever been disqualified from:** | | | | |
| **Keeping a pet shop** | |  |  | | --- | --- | | Yes | No | | | | |
| **Keeping a dog** | |  |  | | --- | --- | | Yes | No | | | | |
| **Keeping an animal boarding establishment** | | | |  |  | | --- | --- | | Yes | No | | |
| **Keeping a riding establishment** | | |  |  | | --- | --- | | Yes | No | | | |
| **Having custody of animals?** | | |  |  | | --- | --- | | Yes | No | | | |
| **Has the applicant, or any person who will have control or management of the premises, ever been convicted of any offences under the Animal Welfare Act 2006?** | | | | |  |  | | --- | --- | | Yes | No | |
| **Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, suspended or revoked?** | | | | |  |  | | --- | --- | | Yes | No | |
| **Has the applicant (or have any of the applicants, or any of the directors/officers of a limited company applicant) been convicted or cautioned for an offence under the above-mentioned legislation or any similar animal welfare legislation, where that conviction or caution is not considered to be ‘spent’ at this time?** | | | | |  |  | | --- | --- | | Yes | No | |
| **To their knowledge, is the applicant (or are any of the applicants, or any of the directors/officers of a limited company applicant) currently subject to legal proceedings for an offence under legislation referred to above?** | | | | |  |  | | --- | --- | | Yes | No | |
| **Has the applicant (or have any of the applicants, or any of the directors/company officers of a limited company applicant) ever been refused a dangerous wild animals licence, by this or any other authority, or had such a licence cancelled?** | | | | Yes  No |
| **If ‘YES’ to any questions in Section 8, please provide details.** | | | | |
|  | | | | |

**10. SUPPLEMENTARY DOCUMENTS**

|  |  |
| --- | --- |
| **I confirm that I have attached the following documents:** | |
| **A plan of the premises** | |  |  | | --- | --- | | Yes | No | |
| **Operating procedures** | |  |  | | --- | --- | | Yes | No | |
| **Risk assessments (including fire)** | |  |  | | --- | --- | | Yes | No | |
| **Infection control procedures** | |  |  | | --- | --- | | Yes | No | |
| **Escape prevention and response protocol** | |  |  | | --- | --- | | Yes | No | |
| **Qualifications** | |  |  | | --- | --- | | Yes | No | |
| **Training records** | |  |  | | --- | --- | | Yes | No | |

**11. DECLARATION**

|  |  |
| --- | --- |
| **This section must be completed by the applicant.**  *If you are an agent applying on behalf of the applicant, please ensure that this section is completed by the applicant.* | |
| **I agree to permit an officer and / or a veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises which are the subject of this application. I agree for photographs to be taken as part of the inspection.**  **I declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.**  **I understand that my application is not valid without payment of the application fee, and that a member of staff will contact me to take payment via telephone with a credit/debit card.**  **I confirm that I have read and understood the privacy notice, and that I am aware of the provisions of the relevant legislation and the model licence conditions which I will comply with at all times.** | |
| **By signing below I agree to the above declarations.** | |
| **Applicant signature** |  |
| **Full name** |  |
| **Date** |  |