**Privacy Statement**

Havant Borough Council need to process your data to comply with a legal obligation primarily under the Zoo Licensing Act 1981. 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>

|  |  |
| --- | --- |
|  | **NOTICE OF INTENTION (SECTION 2)****APPLICATION FOR A ZOO LICENCE**Zoo Licensing Act 1981 |

**I HEREBY GIVE NOTICE to Havant Borough Council, in accordance with section 2 of the Zoo Licensing Act 1981, that I intend to open a zoo licence application and am giving this notice at least two months in advance of submitting an application for a zoo licence.**

**1. DETAILS OF PROPOSED LICENSEE**

|  |  |
| --- | --- |
| **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** |       |

**2. OPERATING ORGANISATION**

|  |  |
| --- | --- |
| **Name of Operating Organisation** |       |
| **Address** |       |
| **Postcode** |       |
| **What is the operating organisation’s status?**  |
| **[ ]  Registered charity Give charity registration number:**      **[ ]  Limited company Give company registration number:**      **[ ]  Partnership****[ ]  Sole trader****[ ]  Other Please state:**       |
| **Describe the role of the proposed licensee within the operating organisation** |
|       |
| **Qualifications of proposed licensee relevant to operating a licensed zoo** |
|       |
| **Experience of proposed licensee relevant to operating a licensed zoo** |
|       |
| **Name and position of person responsible for animal welfare (if not the licensee)**  |
|       |
| **Qualifications and experience of named person responsible for animal welfare**  |
|       |

**3. VETERINARY SURGEON**

|  |  |
| --- | --- |
| **Name of usual veterinary surgeon**  |       |
| **Company name** |       |
| **Address** |       |
| **Postcode** |       |
| **Contact telephone number** |       |
| **Email address** |       |
| **Qualifications and experience of veterinarian(s) relevant to licensed zoos.** |
|       |

**4. ZOO DETAILS**

|  |  |
| --- | --- |
| **Address of proposed zoo site** |       |
| **Postcode** |       |
| **State the number of access points to the site, and enclose a site map with these indicated.**  |       |
| **Approximate number of annual visitors** |       |
| **Approximate number of vehicles for which parking will be provided** |       |

|  |
| --- |
| **You must publish notice of your intention to submit a zoo licence application in at least one newspaper with national circulation. Please provide the name of the newspaper and date of publication, and provide a copy to the Licensing Authority.** |
|       |
| **You must publish notice of your intention to submit a zoo licence application in at least one newspaper circulating in the locality of the proposed premises. Please provide the name of the newspaper and date of publication, and provide a copy to the Licensing Authority.**  |
|       |
| **Have you exhibited a copy of the notice of intention at the proposed zoo premises? Please provide a photograph of the notice to the Licensing Authority.**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Please provide details of any zoo industry membership organisations of which you are a member or intend to become a member.**  |
|       |
| **Have you consulted with the Local Authority’s Planning Department?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Do you have planning permission for the proposed zoo site?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |

**5. ANIMALS INTENDED TO BE KEPT AT THE ZOO *SECTION 2(2)(a)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scientific Name** | **Common Name**  | **Males** | **Females**  | **Total**  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Please continue on separate sheet if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you intend to house any primates, carnivores or hoofstock listed as Category 1 in Appendix 12 of the Secretary of States Standards of Modern Zoo Practice?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you intend to keep venomous species?** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **If YES, describe arrangements for access to anti-venoms.** |
|       |
| **Do you intend to own / use firearms?****If YES, please provide details below.** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Names(s) of firearm users** |       |
| **Do above-named persons have existing firearms licences?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Detail how firearms will be stored.** |       |
| **Detail security measures relating to firearms.** |       |
| **Detail any training planned relating to firearms.**  |       |
| **Have you consulted with the Police Firearms Licensing Department?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |

**6. STAFF TO BE EMPLOYED *SECTION 2(2)(b)***

|  |  |
| --- | --- |
| **Staff Category**  | **Approximate number to be employed**  |
| **Directors / Managers** |  |
| **Animal Care Staff**  |  |
| **Visitor Services Staff** |  |
| **Catering Staff** |  |
| **Grounds and Maintenance Staff**  |  |
| **Others (please describe)**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do any of these staff have convictions under the Animal Welfare Act 2006?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **If YES, please provide details.**  |
|       |

**7. CONSERVATION MEASURES *SECTION 2(2A)***

|  |
| --- |
| **Research form which conservation benefits accrue to the species of wild animals.** |
| **Activities to implement conservation measure:** |       |
| **Training in relevant conservation skills.** |
| **Activities to implement conservation measure:** |       |

|  |
| --- |
| **Exchange of information, relating to the conservation of species of wild animals.** |
| **Activities to implement conservation measure:** |       |
| **Where appropriate, breeding of wild animals in captivity.** |
| **Activities to implement conservation measure:** |       |
| **Where appropriate, the repopulation of an area with or the reintroduction into the wild of, wild animals.** |
| **Activities to implement conservation measure:** |       |
| **Promoting public education and awareness in relation to the conservation of biodiversity, in particular by providing information about the wild species kept in the zoo and their natural habitats.** |
| **Activities to implement conservation measure:** |       |
| **Accommodating animals under conditions which aim to satisfy the biological and conservation requirements of the species.** |
| **Activities to implement conservation measure:** |       |
| **Providing each animal with an environment well adapted to meet the physical, psychological and social needs of the species.** |
| **Activities to implement conservation measure:** |       |
| **Providing a high standard or animal husbandry with a developed programme of preventative and curative veterinary care and nutrition.**  |
| **Activities to implement conservation measure:** |       |
| **Preventing the escape of animals and putting in place measures to be taken in the event of any escape or unauthorised release of animals.** |
| **Activities to implement conservation measure:** |       |
| **Preventing the intrusion of pests and vermin into the zoo premises.** |
| **Activities to implement conservation measure:** |       |

|  |
| --- |
| **Research form which conservation benefits accrue to the species of wild animals.** |
| **Activities to implement conservation measure:** |       |
| **Keeping up to date records of the zoos collection, including records of the number of animals, acquisitions, births, death, disposals and escapes of animals, the cause of any such deaths and the health of animals.** |
| **Activities to implement conservation measure:** |       |

**8. ATTACHMENTS**

|  |
| --- |
| **I have attached the following documents:**  |
| **Map of existing site** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Map of proposed zoo site** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Collection plan** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Development plan** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Qualifications**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Copies of newspaper notices (national and local)**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Photograph of notice displayed at proposed site** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |

**9. DECLARATION**

|  |
| --- |
| **This section must be completed by the proposed licensee.** *If you are an agent submitting this notice on behalf of the proposed licensee, please ensure that this section is completed by the proposed licensee.* **I confirm that I have read and understood the privacy notice.** |
| **Signature** |       |
| **Full name** |       |
| **Date** |       |