



DANGEROUS WILD ANIMALS ACT 1976

LICENCE APPLICATION FORM

Name of Applicant _____

Address _____

_____ Tel. No. _____

Type of animals to be kept _____

Name, address and telephone no. of veterinary surgeon to be used.

Size of cages or enclosures to be used (please indicate any enclosed areas for shade/sleeping etc.) _____

Diet and source of food _____

Water Supply and method of watering the animals _____

Additional information in support of your application for licence _____

Have you been convicted of any offence against animals – Yes/No

If YES please specify _____

I enclose the part fee of £85.00. (The remainder of the fee will be that which the Council's authorised veterinary surgeon charges for the inspection of the premises.)

Signature _____

Date _____

Please note – The licensing year runs from 1st January until 31st December each year. The appropriate fee must be paid in full, there is no provision for a part payment of fees for applications made partway through the licensing year. There are no refunds

NB: in determining this application the Council will have regard to the Codes of Practice produced by such bodies as the RSPCA and where necessary will use the services of a veterinary surgeon or other specialist in exotic animals; the cost being reflected in the licence fee.

**Please return this form to the Licensing Officer, Environmental Health and Trading Standards,
P.O. Box 233, Bath Street, Hereford. HR1 2ZF**

Amount	Date	Receipt No.	Income Code
			N80009399