

**FOR OFFICIAL USE ONLY**

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**APPLICATION FOR A LICENCE**  
**TO KEEP A DANGEROUS WILD ANIMAL**  
**Dangerous Wild Animals Act 1976**

<b>PARTICULARS</b>	
1. Full name of the applicant/s and postal address	_____ _____ _____ _____ Post Code: _____
2. Telephone No.:	_____
3. Mobile Telephone No.:	_____
4. Address of premises where animal(s) is/are to be kept.:	_____ _____ _____ _____ _____
5. Species of animal(s).:	_____ _____
6. Numbers to be kept.:	Male.: _____ Female.: _____ Total.: _____
7. Is it intended to breed or attempt to breed from the animal(s)	_____ _____

8. Description and dimensions of accomodation to be used.	  
9. Details of insurance policy to be held in respect of liability of animal(s)	Company.: _____ Policy No.: _____ Expiry Date.: _____ Amount.: _____

**DECLARATION**

I/We enclose herewith the sum of **£250.00**, being the amount of the fee payable on the licence for which application is made. In addition, I undertake to pay the **non-refundable** veterinary inspection fee payable upon invoice, prior to the granting of the aforementioned licence.

I/WE DO HEREBY CERTIFY that, to the best of our knowledge and belief, the above particulars are true. I understand that in considering my application it may be necessary to consult with others outside the Council and I give my agreement to this where necessary.

Signed: \_\_\_\_\_ Print Name/s: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_

**Please note that Cannock Chase District Council hold and use data in accordance with the Data Protection Act 1998. You should be aware that by signing this form you are agreeing that the information you have provided within it may be used and shared with other departments and agencies in order to assist in the prevention and detection of crime and to protect public funds.**

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Application checked by: _____	Date _____
Fee rec'd & receipt number _____	Date _____
Consultation sent to Health & Safety Team _____	Date _____
Response rec'd from Health & Safety Team _____	Date _____
Veterinary Inspection _____	
Veterinary invoice paid _____	
Licence granted _____	Date _____
Licence number and expiry date _____	

**Licensing Unit, Cannock Chase Council, Civic Centre, PO Box 28, Beecroft Road, Cannock. WS11 1BG**