

Dangerous Wild Animals Act 1976

Please send completed applications with any copy documents and the appropriate fee to:-Wigan Council, Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN

Please be aware that you will also be required to pay the cost of the inspection carried out by a Veterinary Surgeon or Veterinary Practitioner (authorised by the Council).

If you have any questions about the application process please contact the Licensing Section on (01942 404627) or by e-mail at <u>licensing@wigan.gov.uk</u>. If however you have questions about the type of animals to be kept or any other advice please contact the Business Compliance Section on (01942 827495) or by e-mail at <u>comm@wigan.gov.uk</u>

I make application to Wigan Council for a licence to keep Dangerous Wild Animals pursuant to Section 1 of The Dangerous Wild Animal(s) Act 1963.

Α	Applicants de	tails:
1	Title (✓)	Mr Mrs Miss Ms Other
2	Surname	
3	Forename(s)	
4	Home	
	Address	
6	Postcode	
7	Tel No.	
8	Date of Birth	

В	Address of premises where animal(s) is / are to be kept		
1	Address		
3	Postcode		
4	Tel No.		

С	Other information.		
1	The species of animals to be kept at the premises mentioned in Section B. (Please include scientific name if known)		
2	The numbers of species to be kept, including their gender (male or female)	Male	
		Female	
3	What accommodation is available for the animal(s)? Give a detailed description and dimensions where applicable		
4	What type of food is available for the animals? Please provide details of the source of the food.		
5	The name and address of usual veterinary surgeon.		

6	Details of the insurance policy held to cover liability for damage / harm caused by the animals, including policy number, expiry date and amount of cover. Please provide a copy with your application.	
7	Do you intend to breed the animal(s) if / when licensed? If Yes, please give more information.	

I hereby declare that I am over 18 years of age and certify that the information contained in this form is correct to the best of my knowledge and belief, and in making this application I declare that I have not been disqualified by being convicted of any offence at any time under the:-

- (a) Protection of Animals Act 1911 to 1964;
- (b) Protection of Animals (Scotland) Act 1912;
- (c) Protection of Animals Act 1934;
- (d) Pet Animals Act 1951;
- (e) Animal Boarding Establishment Act 1963;
- (f) Riding Establishment Acts 1964 and 1970; or
- (g) Breeding of Dogs Act 1973

Signed
Print Name
Position

Date	d d m	m y y y y
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*If signing on behalf of a Company or Partnership please state in what capacity.

Important – Please Note:- A copy of your application will be given to the Council's Business Compliance Section in order that arrangements can be made for an authorised officer of the Council and a veterinary surgeon or veterinary practitioner to inspect the premises to which this application refers.