

## Licence Application

**Please complete all sections using capital letters**

Full name of applicant	Mr/Mrs/Miss/Other
Correspondence address	Postcode
Daytime Telephone Number	
Trading/ Company Name	
Address of the premises at which the animals(s) will normally be kept, if different	Postcode

Details of animals you propose to keep under the authority of the licence:

Species (common & scientific name)	Number of Male	Number of Female	Total

Do you both own and possess all the animals listed above? If NO please attach details of ownership and possession	YES / NO
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Are you disqualified from:

- |  |          |
|--|----------|
| a) Keeping any dangerous wild animals?       | YES / NO |
| b) Keeping a dog?                            | YES / NO |
| c) Having the custody of animals?            | YES / NO |
| d) Keeping a pet shop?                       | YES / NO |
| e) Keeping an animal boarding establishment? | YES / NO |
| f) Keeping a riding establishment?           | YES / NO |
| g) Keeping a dog-breeding establishment?     | YES / NO |

<p>Are you the holder of a current insurance policy which insures you against liability for any damage that may be caused by the animal(s) listed above</p> <p>If YES enclose with your application evidence that you hold such insurance. If NO state what steps you are taking to obtain such insurance:</p>	<p>YES / NO</p>
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Give us details about the accommodation in which the animals will be held (attach more paper if you need to):

e.g. size, construction, heating, ventilation etc

I agree to permit an officer, veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises, which are the subject of this application before any licence, is granted. I agree to pay the costs of that inspection. I certify that I am not under the age of 18.

I apply for a licence to keep the animal(s) which are the subject of my application and I enclose the appropriate fee (cheque payable to Wychavon District Council).

**Signed:** .....

**Date:**.....

(Indicate capacity if signing on behalf of a company of partnership) .....

**Please return with correct payment to:**  
 Licensing Unit, Commercial Team  
 Environmental Services Department  
 Wychavon District Council  
 Civic Centre, Queen Elizabeth Drive  
 Pershore, Worcestershire WR10 1PT

**Note:** We are under a duty to protect the public funds we administer and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. We may also share this information with other bodies administering public funds, solely for these purposes