**Application for a Licence to Keep**

**Dangerous Wild Animal(s)**

**Dangerous Wild Animal Act 1976**

Please email your completed application and supporting documents to licensing@wigan,gov.uk. Alternatively, supporting documents can be sent separately by post, if required to:

**The Licensing Team, PO Box 100, Wigan WN1 3DS**

Payment of the fee must now be made online via the following link:

<https://www.wigan.gov.uk/Business/Licensing-Permits-Registrations/Animals/licenceFees.aspx>

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 Team by e-mail at licensing@wigan.gov.uk.

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 1976.

**A. Applicant Details (this must be an individual)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

|  |  |
| --- | --- |
| Surname  |  |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Email Address **(mandatory)** |  |

**B. Address of Premises Where Animal(s) is / are to be Kept**

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

**C. Species of Animal(s)**

|  |  |
| --- | --- |
| The species of animals to be kept at the premises mentioned in Section B. (Please include scientific name if known) |  |

|  |  |  |
| --- | --- | --- |
| The numbers of species to be kept, including their gender (male or female) | Male |  |
| Female |  |

**D. Other Information**

|  |  |
| --- | --- |
| What accommodation is available for the animal(s)? Give a detailed description and dimensions where applicable |  |

|  |  |
| --- | --- |
| What type of food is available for the animals? Please provide details of the source of the food. |  |

|  |  |
| --- | --- |
| Do you intend to breed the animal(s) if / when licensed? If Yes, please give more information. |  |

**E. Details of Vet**

|  |  |
| --- | --- |
| Vets Name |  |

|  |  |
| --- | --- |
| Vets Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Vets Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Vets Email Address |  |

**H. Insurance Details**

|  |  |
| --- | --- |
| 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. |  |

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:-

1. Protection of Animals Act 1911 to 1964;
2. Protection of Animals (Scotland) Act 1912;
3. Protection of Animals Act 1934;
4. Pet Animals Act 1951;
5. Animal Boarding Establishment Act 1963;
6. Riding Establishment Acts 1964 and 1970; or
7. Breeding of Dogs Act 1973
8. The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018

|  |  |
| --- | --- |
| Full Name |  |

|  |  |
| --- | --- |
| Capacity |  |

|  |  |
| --- | --- |
| Date |  |

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