

**Dangerous Wild Animal Act 1976**  
**APPLICATION FOR LICENCE**  
**TO KEEP DANGEROUS WILD ANIMALS**



**Section 1: Licence Details** To be completed by all applicants

Is this a new or renewal application?	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Will the Licence be held by an Individual or a Company/ Partnership?	<input type="checkbox"/> Individual <input type="checkbox"/> Company/Partnership

**Section 2: Your Details** To be completed by all applicants

First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	
What is your relationship to the business:	
Will you be responsible for the day to day management of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please also complete section 3)
Will you be at or within a reasonable distance of the premises at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please also complete section 4)

**Section 3: Person responsible for day to day management of the business** (if different from section 2)

First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

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**Section 4: Person who will be at or within a reasonable distance of the premises at all times** (if different from section 2).

First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

**Section 5: Premises details** To be completed by all applicants

Is the business address, phone number and email address the same as section 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Address (inc. postcode):	Premises phone number:
Premises email:	

**Section 6: Company/Partnership details** To be completed if a Company/Partnership is applying for the licence

Name of the Company/Partnership:	
How many Directors/Partners does the business have?	
<b>Please provide details for first Director/Partner – if there is more than one please attached a separate sheet stating each Director/Partner's personal details</b>	
First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

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**Section 7: Emergency contact** (A second individual who can provide access to the premises) To be completed by all applicants

First Name(s):	Surname:
Home Address ( <i>inc. postcode</i> ):	
Phone number:	Email:

**Section 8: Wild Animal details** To be completed by all applicants **\*\*Note:** For each species of animal provide the type of accommodation. If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions.

State the animal you are proposing to keep at the establishment and the number of each?	Species	Number
What accommodation will be used to house the animal and how many of each do you have?	Type of Accommodation	Number
State the material each type of accommodation is made from?		
What are the dimensions of each accommodation?	Height: Depth: Width:	
What bedding is supplied within the accommodation		

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**Section 9: Heating, lighting and ventilation** To be completed by all applicants \*\*Note: If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions.

How is the accommodation heated?	
What lighting is available within the accommodation?	
How is the accommodation ventilated?	

**Section 10: Animal Wellbeing** To be completed by all applicants

What activities and toys are available for the social and mental wellbeing of each animal?	
Describe what feed is available for the animal including the location of where it is prepared and stored.	

**Section 11: Health and Safety** To be completed by all applicants

State which water source is used for the premises	<i>E.g. mains supply, private supply etc.</i>
What arrangements are in place for the disposal of excreta?	
What arrangements are in place for the disposal of other waste material?	
What isolation facilities are available for the control of infectious diseases?	
Have you provided a copy of your written policy & procedure which details the protection of animals and persons in case of fire or	<input type="checkbox"/> Yes – Copy provided <input type="checkbox"/> No – State the reason a copy has not been provided

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other emergency (including emergency exits)?	
Do you have your insurance documents?	<input type="checkbox"/> Yes – Copy to be provided with the application <input type="checkbox"/> No – A copy must be sent within a week of approval of the application
Name and address of your Vet (inc. postcode):	Vets phone number:

**Section 12: Experience and Qualifications** To be completed by all applicants

Detail any relevant qualifications and certificates held by any one named in this application or employed by the business.	<i>Provide copies with the application</i>
Describe any relevant experience held by anyone named in this application or employed by the business.	

**Section 13: Previous licence refusals and offences** To be completed by all applicants

Has anyone named in this application ever applied for and been refused a licence under the Dangerous Wild Animal Act 1976?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Has anyone named in this application ever applied for and been refused a licence to keep a Pet Shop?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Has anyone named in this application ever been banned from keeping any animal?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details

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**Section 14: Declarations** To be completed by all applicants

I/We declare that the particulars given on this form are correct to the best of my knowledge and belief

I/We understand that the information supplied by me/us as detailed in this form may be stored on a computer system by this Authority for the purpose of Licencing and that information may be disclosed to the police and other relevant parties for vetting and background enquiries whilst processing this application

I/We understand that this authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information contact the Fraud Hotline on 01835 826825 or the Council Website <https://www.scotborders.gov.uk/nationalfraudinitiative>

For further information see "add in PN LINK"

Applicant Signature:

Date: