



APPLICATION FOR A LICENCE TO OPERATE A ZOO

APPLICANT'S DETAILS

Title:	First name(s):	Surname:
Postal Address:		
Post Town:	Post Code:	
Phone (Home):	Phone (Mobile):	
e-mail address:		
Date of Birth:	NI number:	

DETAILS OF PREMISES TO BE AS A ZOO

Trading Name:
Address of premises:

DETAILS OF HOW NOTICE OF INTENTION WAS PUBLICISED

In which national newspaper was your notice of intention published?

On what date was your notice published in this national newspaper?

In which local newspaper was your notice of intention published?

On what date was your notice published in this local newspaper?

CHANGES TO INFORMATION SUPPLIED IN NOTICE OF INTENTION TO APPLY FOR A LICENCE

Please set out any significant changes in the information supplied in paragraph 2 of the notice to the local authority of intention to apply for a licence for the proposed zoo here:
(continue on separate sheet if necessary)

ADDITIONAL MATTERS

Please set out below any other matters (if any) which you would now like to bring to the attention of the local authority: (continue on separate sheet if necessary)

DECLARATIONS

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

I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.

I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.

Signature:

Print Name:

Date:

Please return this form with all relevant documents and the appropriate fee to:

Bromsgrove District Council, The Council House, Burcot Lane, Bromsgrove, Worcs, B60 1AA