



Application for a Licence to keep a Pet Shop

Pet Animals Act 1951

Public Protection

Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 260833 Facsimile: 01789 260809 Minicom: 01789 260747 Website: www.stratford.gov.uk

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TO: STRATFORD-ON-AVON DISTRICT COUNCIL

1. Applicant's Details (BLOCK CAPITALS)

SURNAME:

FORENAME(S):

HOME ADDRESS:

POSTCODE:

TELEPHONE NUMBER: E-mail:

I/We hereby make application under the provisions of the above Act at the premises detailed below.

2. Premises to be Registered

BUSINESS NAME:

ADDRESS:

for moveable premises
give address at which
the premises are
ordinarily kept

POSTCODE:

TELEPHONE NUMBER: E-mail:

3. Are you disqualified from: (please tick)

Keeping a pet shop

Yes No

Keeping an animal boarding establishment

Yes No

Keeping a dog

Yes No

Having the custody of animals

Yes No

4. Number and sizes of rooms in which business will be carried out:

Number

Sizes mm X mm mm X mm mm X mm mm X mm

5. Heating arrangements, if any

6. Method of ventilation of premises

7. Lighting arrangements (please tick)

Natural

Artificial

8. Water supply

9. Arrangements for food storage

10. Arrangements for disposal of excreta and soiled material

11. Types of pets which are intended to be sold and age at which they will be sold, proposed numbers and details of accommodation (see schedule below)

Types of Animals	Proposed Numbers	Details of Accommodation	Age at which to be sold	Officer's comments
Parrots				
Pigeons				
Other Large Birds				
Budgerigars				
Finches				
Other Small Birds				
Rabbits and Cavies				
Hamsters				
Rats, mice and gerbils				
Snakes and lizards				

11. Types of pets which are intended to be sold and age at which they will be sold, proposed numbers and details of accommodation (cont/...)

Types of Animals	Proposed Numbers	Details of Accommodation	Age at which to be sold	Officer's comments
Tropical Fish				
Marine Fish				
Cold Water Fish				
Any Other Species (Please specify)				

DECLARATION

I/We do hereby declare that to the best of my/our knowledge and belief, the above particulars are true.

Applicant's signature:

Date:

dd	mm	year
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Stratford-on-Avon District Council will use the information you provide on this form for administration of a pet shop licence. The Council will show the information you provide to such of its employees and agents as need to see it to achieve the purpose stated above. Your information will not be disclosed other than within the District Council's notification under the Data Protection Act 1998, unless the law allows us to do so.