

CARDIFF COUNCIL

PET ANIMALS ACT 1951, S.1



APPLICATION FOR LICENCE TO KEEP A PET SHOP

APPLICANT DETAILS

Title & Surname: _____

Christian/Other Names: _____

Full Postal Address: _____
(All correspondence will be sent to this address)

_____ Postcode: _____

Daytime Tel No _____ Work Tel No: _____
(including STD code) (including STD code)

Details of Qualifications: _____

Name of Keyholder: _____

Address of Keyholder: _____

_____ Tel No: _____

PARTICULARS OF PREMISES/ACCOMMODATION

Name of Premises _____

Postal address of premises _____

Opening Times of premises: _____

Give details of your normal times of attendance when the premises are closed: _____

Number & Size of rooms in which business is (will be) carried on _____

Heating arrangements _____

Method of ventilation of premises _____

Lighting arrangements:- Natural _____ Artificial _____

Water Supply _____

Arrangements for food storage _____

Arrangements for disposal of excreta _____

Type of Animal	Proposed Number	Details of Accommodation	Age at which proposed to be sold
Dogs and cats (puppies and kittens)			
Smaller domesticated mammals e.g. rabbits, guinea pigs, gerbils, hamsters, rats, mice, chinchillas, chipmunks and ferrets			
Larger domesticated mammals e.g. goats, pot bellied pigs			
Primates e.g. marmosets			
Other mammals			
Parrots, parakeets and macaws			
Other birds			
Reptiles			
Amphibians			
Fish and aquatic invertebrates (specify)			
Any other vertebrates (specify)			

I hereby make application to keep a Pet Shop at the premises of which particulars are given above and I enclose herewith the sum of £_____ being the amount payable. (Cheques to be made payable to Cardiff County Council)

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

SIGNED _____ DATED _____

Please complete and return to:-

Licensing Section
161 City Hall
Cathays Park
Cardiff
CF10 3ND
Tel No: (029) 2087 1129 / 2087 1651

FOR OFFICIAL USE ONLY	
Receipt number:	Vet/EHO:
Amount Paid:	Ward:
Date of Payment:	