



APPLICATION FOR ANIMAL ACTIVITY LICENCE

Application form part 2d: Keeping or training animals for exhibition

Business Trading Name	
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Section A. Purpose of keeping or training animals for exhibition (please tick all that apply)	
TV/Film/Social media	<input type="checkbox"/>
Plays/theatre	<input type="checkbox"/>
Circus	<input type="checkbox"/>
Animal encounters	<input type="checkbox"/>
Birds of prey shows/exhibitions	<input type="checkbox"/>
Other, please provide details:	<input type="checkbox"/>

Section B. Previous registrations	
Have you previously been licensed or registered	yes/no
If yes please provide details of which the local authority who issued the licence/registration and the number and type of animals kept:	

Section C. Animals to be trained (please continue onto an extra sheet if required)	
Kind of animal	Maximum number to be kept for training



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Section D. Animals to be exhibited (please continue onto an extra sheet if required)

Kind of animal	Maximum number to be kept for training

Section E. Nature of performance or encounter (please continue onto an extra sheet if required)

<p>Describe the nature of the performance(s) in which the animals will be exhibited, or for which they are to be trained, mentioning any apparatus which is used for the purpose of the performance. The description must be sufficient to give a general idea of what is done by the animals taking part in the performance.</p> <p>If it is an animal encounter please give details of what type of encounter and where these are to take place.</p>	
Approximate duration of performance(s)	
Maximum number of performance(s)	
How will the animals be transported?	
Where will the animals be kept when not performing or being exhibited?	



Section F. Veterinary surgeon

Please give details (including name, address and contact details) of usual veterinary surgeon:

Section G. Emergency key holder(s)

Do you have an emergency key holder? (if no go to next section)

yes/no

Name

Position/job title

Address

Postcode

Contact telephone
number(s)

Email address

Section H. Additional information

Please provide any additional pertinent information not previously provided:



Section I. Public liability insurance

Do you have public liability insurance? (if no go to next section)		yes/no
Insurance company		
Policy number		
Period of cover	Start date:	End date:
Amount of cover		

Section J. Declaration (please read and tick to confirm)

I hereby certify that all statements in this application are correct and true to the best of my knowledge.		<input type="checkbox"/>
Signed		
Print name		
Date signed		

SEND COMPLETED FORM TO:

Email: licensing@wokingham.gov.uk

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000

Fees

For fees and payment methods please see the licensing page on the council's website
www.wokingham.gov.uk