



Licensing Section
Environmental Services
East Cambridgeshire District Council
The Grange
Nutholt Lane
Ely
Cambridgeshire
CB7 4EE

Contact Details
Tel: 01353 665555
Fax: 01353 616223
Email: licensing@eastcambs.gov.uk
Web: www.eastcambsgov.uk

APPLICATION TO RENEW A ZOO LICENCE

ZOO LICENSING ACT 1981

Part 1 – Applicant(s) Details

1. Title: Mr Mrs Miss Ms Dr Other (please specify)

Surname:

Other name(s):

2. Home Address:

Postcode:

3. Telephone:

Daytime:

Mobile:

Evening:

4. Email Address:

[please give as many contact details as possible in case we need to contact you]

Joint Applicant (if applicable)

5. Title: Mr Mrs Miss Ms Dr Other (please specify)

Surname:

Other name(s):

6. Home Address:

Postcode:

7. Telephone:

Daytime:

Mobile:

Evening:

8. Email Address:

[please give as many contact details as possible in case we need to contact you]

I/WE* hereby apply to East Cambridgeshire District Council (being the Local Authority for the area in which the whole or majority of the zoo is) to renew the licence for the zoo situated at . *[insert name and full address of the zoo]*

Part 2 – Details

9. Please provide a complete and detailed list of animals to be kept at the zoo:

10. Brief details of the accommodation provided for the animals (i.e. the number, type, approximate size and security of the enclosures, including confined quarters during the night and winter, and the grouping of animals).

[if you prefer this information could be submitted in the form of annotated drawings or plans. In any event a plan showing the layout of the zoo should be enclosed]

11. Please give brief details of the arrangements that are in place for the animals maintenance and wellbeing, including information about the provision, storage and preparation of food, and arrangements for veterinary care, including preventative measures:

12. Please give details of the number and categories of staff employed at the zoo:

Senior administrative staff under director/manager	
Other administrative staff	
Keeper staff	
Maintenance staff	
Others (please specify)	

13. Approximate number of visitors who are to be accommodated per day

14. Type and size of car parking facilities (if any):

15. Safari parks – approximate number of vehicles which are to be accommodated per day:

[if preferred, this information can be given in the form of an annotated drawing or plan]

Part 3 – Declaration and Checklist (please tick)

I/We* confirm that, to the best of MY/OUR* knowledge, the information contained in this application is true.

The fee for the application consists of administration costs as well as the inspection costs of the Secretary of State and the Council as applicable. You will be notified of the inspection costs once the inspection(s) has/have been completed. The inspection costs will become payable prior to grant of the Licence.

• I enclose the appropriate fee (cheques should be made payable to East Cambridgeshire District Council).

Part 4 – Signature(s)

16. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:	
Print Name:	
Capacity:	
Date:	

17. For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant please state in what capacity:

Signature:	
Print Name:	
Capacity:	
Date:	

[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 17 and 18 above.]

[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]

Part 5 – Contact Details

18. Please give the name of a person who can be contacted about the application:

19. Please give one or more telephone numbers at which the person identified in question 19 can be contacted:

Daytime:	
Mobile:	
Evening:	

20. Postal address for correspondence associated with this application:

--	--

Postcode:

21. If you are happy for correspondence in relation to your application to be sent via e-mail please give the e-mail address below:

--

* Delete or select as appropriate.