

PERFORMING ANIMALS (REGULATION) ACT 1925

APPLICATION FOR A CERTIFICATE OF REGISTRATION TO PERMIT THE EXHIBITION OR TRAINING OF A PERFORMING ANIMAL

APPLICANT DETAILS

(PLEASE COMPLETE IN BLOCK CAPITALS IN BLACK INK)

Surname:..... Title:

Other Names:..... Date of Birth.....

Full Postal Address of Place of Residence (All correspondence will be sent to this address):

.....
.....
.....

Post Code:.....

Contact telephone number:

PARTICULARS

1. Stage name (if any):	
2. Address or addresses (if any) in Great Britain, other than temporary addresses while on tour, at which performing animals will be trained. (If none write NONE):	
3. If you have previously been registered under the Act please provide the name of the local authority by whom registered and date of certificate of registration:	
4. Have you ever been convicted of an offence under the Protection of Animals Act 1911 or the Animal Welfare Act 2006:	

5. Kinds of animals proposed to be: (a) trained, (b) exhibited, stating number of each kind.

To be Trained		To be Exhibited	
Kind	Number	Kind	Number

6. Describe briefly the general nature of the performances in which the animals are to be exhibited or for which they are to be trained, mentioning any apparatus which is used for the purposes of the performance.

See note 1.

Notes:

1. The description must be sufficient to give a general idea of what is done by the animals taking part in the performance, and should state the approximate duration of the performance, the number of times for which it is usually to be given in one and the same day, and the number of animals of each kind taking part in the performance. It need not give details which would divulge any professional secret.
2. The fee payable in respect of the registration is **£139**, which should be submitted with the application. Cheques should be made payable to Rhondda Cynon Taf CBC.

I, the undersigned, hereby apply for registration under the Performing Animals (Regulation) Act 1925, and hereby declare the particulars I have given to be true and complete to the best of my knowledge and belief.

Signature:

Date:

Please return to:-

**Rhondda Cynon Taf County Borough Council
Licensing Section
Ty Elai, Dinas Isaf East
Williamstown
Tonypandy
CF40 1NY**

Tel: 01443 425001