



**Warwick District Council**

**Pet Animals Act 1951**

**Application for Licence to Keep a Pet Shop**

**I / WE HEREBY MAKE APPLICATION** under the provisions of the above Act for a Licence to Keep a Pet Shop.

1. Full Name of Applicant(s)		
2. Home Address		
Post Code:		Tel No:
3. Business Address		
Post Code:		Tel No:
4. Number and Size of Rooms in which business is to be carried on		
5. Types of Pets etc.		
Type of Animal	Maximum No	Age at which to be sold
6. Heating Arrangements		
7. Method of Ventilation of Premises		
8. Lighting Arrangements: Natural <input type="checkbox"/> Artificial <input type="checkbox"/>		
9. Water Supply		
Continue overleaf ...		

10. Fire Fighting Appliances	No	Type
14. Name and Address of Keyholder of Premises (For emergency contact in Absence of Licensee)  Tel No:		

I / WE CERTIFY that, to the best of my/our knowledge and belief the above particulars are correct.

A FEE of \*..... accompanies this application, made payable to **Warwick District Council**.

Dated ..... Signed .....

Remember to include either a cheque for \*the current fee payable to Warwick District Council OR a receipt for online payment of the fee. Follow the online payment link on the Council's web site and follow the instructions. Print off the receipt screen at the end of the process and return that with your completed form.

**\*Subject to change on 1<sup>st</sup> April each year. See [www.warwickdc.gov.uk](http://www.warwickdc.gov.uk) Fees & Charges**

<b>FOR OFFICIAL USE ONLY</b>	DATE OF INSPECTION:
RECOMMENDATIONS:	
SIGNATURE:	
NO OF LICENCE ISSUED INDEXED:	

This form to be returned to:-  
Mr R A Chapleo  
Divisional Manager  
Environmental Health  
Warwick District Council  
PO Box 2176, Riverside House  
Milverton Hill  
Royal Leamington Spa CV32 5QF  
Tel: (01926) 456713 Fax (01926) 456746