

SOLIHULL METROPOLITAN BOROUGH COUNCIL

FORM OF APPLICATION

PERFORMING ANIMALS (REGULATION) ACT 1925

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

Signature

Date

Address to which certificate of registration is to be sent

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

PARTICULARS

1. Full name of applicant, surname first (in Block Capitals)	
2. Stage name (if any) used in Great Britain	
3. Nationality	
4. Either (a) address of fixed place residence in Great Britain or, (b) permanent postal address in Great Britain from which letters directed to Applicant will be forwarded	
5. Address or addresses (if any) in Great Britain, other than temporary addresses while on tour, at which applicant trains or intends to train performing animals, (if none, write "None")	
6. State whether previously registered under the Act. If so, state name of local authority by whom registered and number and date of certificate of registration	

	To be trained		To be exhibited	
	Kind	Number	Kind	Number
7. Kinds of animals proposed to be (a) trained (b) exhibited stating number of each kind				
8. Describe briefly the general nature* of the performance or 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 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, 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.**

Note - The fee payable in respect of the registration of a person under the Act is £....., which should be remitted with the application.

**Return To:
Solihull MBC
Animal Health
Public Protection
Council House
Solihull
B91 9EG**

PLEASE NOTE

This is a form prescribed by Statute and Solihull Metropolitan Borough Council is unable to alter or amend it any way.

However, should you require any assistance in completing the form, please contact 0121 704 6842.