CITY OF LONG BEACH
DEPARTMENT OF PARKS, RECREATION AND MARINE
(562) 570-7387 FAX (562) 570-3053
ANIMAL CARE SERVICES BUREAU

DANGEROUS ANIMAL PERMIT APPLICATION

Please fill out form and email to animalcare@longbeach.gov

Name: _____ **Cell Phone:** _____

Email: _____ **Work Phone:** _____

Address: _____ **City:** _____ **ZIP:** _____

Name of Business: _____

Address: _____ **City:** _____ **ZIP:** _____

Driver Lic/ID: _____

Date of Birth: _____ **Height:** _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Permit Fees

CHECK ALL APPLICABLE	TYPE OF PERMIT		DESCRIPTION	FEE	PER
☐	A330	Possession of dangerous animal	Permit fee for dangerous animal (includes officer inspection and administration of permit).	$651	Annual
☐	A361	Property Reinspection Fee	Fee to reinspect properties of groups [501(C)(3)]exempt from breeding/transfer application and breeding permit fees]	$128	Per hour Reinspection

Address and location where animal(s) or Reptile(s) will be kept:

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **ZIP:** _____

Owner of property: _____ **Phone:** _____

Lessee of said property: _____ **Phone:** _____

Owner Email: _____ **Lessee Email:** _____

Types of Animals for which permit is sought:

Quantity	Description (Breed, Age, Sex, Weight, Size/Length

Describe the housing arrangements for the animals:

Describe the safety precautions to be taken in the care and keep of the animal(s) or reptile(s):

DECLARATIONS

_____
INITIAL HERE

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THE CITY OF LONG BEACH ANIMAL CARE SERVICES BUREAU STAFF MAY INSPECT THE PROPERTY TO ENSURE PROPER CARE OF THE ANIMALS(S) OR REPTILE(S) NAMED IN THE PERMIT. I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT, VIOLATIONS, OR ISSUE OF NON-COMPLIANCE MAY CAUSE DENIAL OR REVOCATION OF THE PERMIT.

_____
INITIAL HERE

I UNDERSTAND THAT COMPLETING THE APPLICATION AND PAYMENT OF FEES DOES NOT INDICATE APPROVAL OF THE REQUESTED PERMIT

_____
INITIAL HERE

I FURTHER UNDERSTAND THAT FOLLOW UP INSPECTIONS ARE SUBJECT TO A RE-INSPECTION FEE AS DESCRIBED ABOVE

Date: _____ **Print Name:** _____

Signed: _____

FOR ANIMAL CARE SERVICES BUREAU USE ONLY

Animal Permit Approved **By:** _____
Date: _____

Status of Other City Permits: **By:** _____
Date: _____

Inspection Performed: **By:** _____

☐ **Required** **Date:** _____

Photos Attached: ☐ **YES** ☒ **NO**

Comments:

_____

_____

_____

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