

7700 E. Spring St. Long Beach, CA 90815 (562) 570-7387 FAX (562) 570-3053

ANIMAL CARE SERVICES BUREAU

WILD ANIMAL PERMIT APPLICATION

Name: _____ Cell Phone: (_____) _____

Email: _____ Work Phone: (_____) _____

Address: _____ City: _____ ZIP: _____

Name of Business: _____

Address: _____ City: _____ ZIP: _____

Driver Lic/ID: _____

Date of Birth: _____ Height: _____ Wt: _____ 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)	\$610	Annual
	A361	Property Reinspection Fee	Fee to reinspect properties of groups [501(C)(3)] exempt from breeding/transfer application and breeding permit fees]	\$120	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: _____

CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

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: X _____

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: _____

