



**Pet Animals Act 1951**  
**Application for a Licence to Keep a Pet Shop**

Full Name	Surname	First Name	
Home Address (Including Postcode)			
Telephone Number			
Designation			
Address of Premises to be licensed			
Date requested for the coming into force of the licence/or renewal			
Interior dimensions of the premises to be licensed			
Method of heating			
Method of ventilation			
Describe the exits and dimensions thereof and arrangements in case of fire			
State any disqualification imposed following conviction for an offence under the Protection of Animals (Scotland) Act, 1912 or the Pet Animals Act, 1951			
<b>Name of Person</b>	<b>Date</b>	<b>Court</b>	<b>Sentence</b>

Signature of Applicant .....Date .....

Please return the completed form together with the relevant fee to:

**The Licensing Administrator  
Clackmannanshire Council  
Kilncraigs  
Alloa  
FK10 1EB**

*If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address [licensing@clacks.gov.uk](mailto:licensing@clacks.gov.uk)*