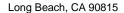


CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECEATION AND MARINE





7700 E. Spring St.

(562) 570-7387 FAX (562) 570-3053



ANIMAL CARE SERVICES BUREAU

WILD ANIMAL PERMIT APPLICATION

Name: Email: Address:			Cell Phone: ()				
			Work Phone:()				
			City:		ZIP:	ZIP:	
		ss:					
Address:			City:		ZIP:	ZIP:	
Driver Li	c/ID:						
Date of Birth:Height:		Height:	Wt:	Hair:	Eyes: _		
PERMIT F	EES						
CHECK ALL APPLICABLE	TYPE OF PERMIT		DESCRIPTION		FEE	PER	
	A330	Possession of Exotic Animal (First Animal)		tic animal (includes officer inspecti ministration of permit)	ion and \$85	Annual	
	A331	Possession of Exotic Animal (Additional Animal)		additional exotic animal (includes of imal(s) and administration of perm	5.3.3	Annual	
	A361	Property Reinspection Fee	[501(C)(3)]exempt	einspect properties of groups from breeding/transfer application preeding permit fees]	n and \$68	Per hour Reinspection	
ddress	and loc	cation where animal(s) o	or Reptile(s	s) will be kept			
Name:			Phoi	ne: ()			
Address:			City:		ZIP:		
Owner o	f Proper	ty:	Phor	ne: ()			
-	of said P	roperty:	Pho	one: ()			
Lessee o	Ji Salu i						



CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

Quantity	Description (Breed, Age, Sex, Weight, Size/Length
escribe the h	ousing arrangements for the animals:
escribe the	safety precautions to be taken in the care and keep of the animal(s
Describe the sor reptile(s):	safety precautions to be taken in the care and keep of the animal(s
	safety precautions to be taken in the care and keep of the animal(s
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DECLARATIONS

MY KNOWLEDGI ANIMAL CARE S ENSURE PROPE PERMIT. I UND MATERIAL FACT DENIAL OR REV	ARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF E. I FURTHER UNDERSTAND THAT THE CITY OF LONG BEACH SERVICES BUREAU STAFF MAY INSPECT THE PROPERTY TO ER CARE OF THE ANIMALS(S) OR REPTILE(S) NAMED IN THE ERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF TOTAL TO THE PERMIT. THAT COMPLETING THE APPLICATION AND PAYMENT OF FEES
INITIAL LIEDE	CATE APPROVAL OF THE REQUESTED PERMIT
I FURTHER UNDE RE-INSPECTION	ERSTAND THAT FOLLOW UP INSPECTIONS ARE SUBJECT TO A FEE AS DESCRIBED ABOVE
DATE:	PRINT NAME:
	SIGNED: X
R ANIMAL CARE SERVICES B	UREAU USE ONLY
Animal Permit Approved:	By: Date:
Status of Other City Permits	s: By: Date:
Inspection Performed: Required	By: Date:
Photos attached:	YES NO
Comments:	