

Florida Fish and Wildlife Conservation Commission

P.O. Box 6150, Tallahassee, FL 32314-6150
(850) 488-6253
Application for

ESC - LICENSE TO POSSESS CLASS III WILDLIFE FOR EXHIBITION OR PUBLIC SALE.....\$50.00

New Applicant _____

Business Name _____ Email _____

Address _____

Mailing Address _____ City _____ State _____ Zip _____

Facility Address _____ City _____ State _____ Zip _____

County Of Facility _____ Business Phone (_____) _____ - _____

Note: Corporations or Fictitious Names must be registered

COMMERCIAL ACTIVITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Exhibit/Sell Exotic Birds | <input type="checkbox"/> Importation Business | <input type="checkbox"/> Exhibit/Sell Non-Venomous Reptiles |
| <input type="checkbox"/> Wildlife Exhibit (Permanent) | <input type="checkbox"/> Wildlife Dealer/Broker | <input type="checkbox"/> Exhibit/Sell Venomous Reptiles (VR license required) |
| <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Exhibit/Sell Wildlife | <input type="checkbox"/> Wildlife Rehabilitator (Wildlife Rehab. Permit required) |
| <input type="checkbox"/> Wildlife Lecture/Educational Service | <input type="checkbox"/> Non-Profit Educational Organization | |
| <input type="checkbox"/> Traveling Circus Act/Exhibit
(attach 12-month itinerary) | <input type="checkbox"/> Other (give details on separate sheet) | |

INVENTORY PAGE (New and renewal applicants must complete this section).

I currently possess the following Class III _____

I plan to possess the following Class III _____

**MUST PROVIDE
INVENTORY
ON PAGE 3**

I certify that the information provided is true and correct. I agree to adhere to the provisions of Chapter 372, Florida Statutes, and the rules and regulations of the Commission pertaining to the possession and the commercialization of wildlife. I understand that my wildlife facilities are subject to inspection by Commission personnel as required by Chapter 372.921 F.S.

Owner/Manager (Please Print) Home Phone Signature Date

Date of Birth _____ Social Security # _____ Height _____ Weight _____ Hair _____ Sex _____ Race _____

FOR COMMISSION USE ONLY

Approved _____ Date _____ Denied _____ Date _____

Code _____

INVENTORY PAGE - ESC

Please indicate the exact number of each species you currently possess. Circle the species you plan to possess and put a "0" in AQTY.@

Please list all animals by species (except Capuchin, Spider and Woolly Monkeys) in the space provided.

CLASS III	CODE	QTY
Capuchin Monkey	M4	
Spider Monkey	M5	
Woolly Monkey	M6	
All Other Class III Mammals (complete species list)	M7	
All Other Class III Reptiles (complete species list)	V	
Exotic Birds (complete species list)	U	
Venomous Reptiles (complete species list)	Z	

SPECIES LIST

INSTRUCTIONS FOR COMPLETING APPLICATION

BIOGRAPHICAL DATA

Complete **all information** in this section. The information must pertain to the person (possessor, manager, or owner) applying to possess the wildlife. **Corporations or Fictitious Names must be officially registered.** The facility address, including the county, should indicate the physical location where the wildlife is to be housed or possessed. If the facility address is a rural route, please provide directions to the location on a **separate** page.

COMMERCIAL ACTIVITY

Check the appropriate box(es) which best describes your intended activity. All Traveling Acts and exhibits must attach a 12-month itinerary. Additional permits are required for wildlife rehabilitation and exhibition of venomous reptiles.

Failure to complete the application will result in application being returned and/or denied.

CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN INSTRUCTIONS

This two part form is to be completed and submitted or retained on file as indicated:

- Part-A: To be completed and submitted with the initial or renewal application requesting authorization for the possession of captive wildlife.
- Part-B: To be completed and retained at the licensed premises where wildlife is housed or maintained. Part-B of the Captive Wildlife Critical Incident/Disaster Plan shall be made available upon request to Commission personnel. All employees and/or volunteers should be informed of the facilities critical incident/disaster plan.

PART-A: Submitted with application for initial or renewal license/permit.

I. Applicant or Licensee Information

NAME: Enter full name as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

PHONE NUMBER: Enter emergency contact phone numbers for the applicant or licensee including business, home and/or cellular as applicable.

BUSINESS NAME: Enter Business name, if applicable, as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

MAILING ADDRESS: Enter complete mailing address including City, State and Zip Code as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

USDA LICENSE No.: Enter the number for any license issued by the United States Department of Agriculture under the Animal Welfare Act.

II. Facility Information

FACILITY ADDRESS: Enter the complete address for the facility location as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

GPS COORDINATES: Enter the GPS coordinates in Degree, Minutes, and Seconds format for the facility's main entrance/exit. Leave blank if the coordinates are unknown.

HURRICANE EVACUATION ZONE: Indicate whether or not the facility is located in a Hurricane Evacuation Zone by checking the appropriate box. If the facility is located in a Hurricane Evacuation Zone check the appropriate box to indicate the category of the Hurricane Evacuation Zone. This information may be obtained by contacting your insurance company, or visiting the following web sites: www.floridadisaster.org (for hurricane zone information) and www.fema.gov (for flood zone information).

III. Other Emergency Contact Information

Veterinarian

NAME: Enter the name of the Veterinarian used to provide veterinary services for wildlife maintained at this facility.

BUSINESS NAME: Enter the Business name or clinic name for your Veterinarian.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility.

PHONE: Enter emergency contact phone numbers for the Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility. Include business, home and/or cellular numbers as applicable.

Emergency Response Contact

NAME: Enter the name of another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

BUSINESS NAME: Enter the business name for the emergency contact if applicable.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for the individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

PHONE: Enter emergency contact phone numbers for another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster. Include business, home and/or cellular numbers as applicable.

Current Animal Inventory

Attach a complete inventory of the wildlife maintained at the facility location. Include the total number of each species and any identifying methods (microchip number(s), tattoo(s), mark(s), scar(s), etc.).

PART-B: Retained on premises and made available for inspection.

I. Emergency Plan

Enter a detailed plan that specifies what to do (who, what, where, when and how) in the event of a disaster and critical incident, to include:

- Levels of Action (Pre-event, Event, and Post-event)
- Action plan for securing wildlife on site.
- Action plan for evacuation including:
 - Stating where all wildlife will be located and providing location and contact information.
 - State how long the wildlife may be maintained at this location.
- Action plan for re-entry to facility.

All employees and/or volunteers at the facility are to be familiarized with the emergency plan.

II. Capture and Transport Equipment Inventory:

CHEMICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for chemical capture (including drugs, delivery systems and supplies) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

DEA LICENSE NUMBER: Enter the license number for the license issued by the United States Drug Enforcement Agency authorizing possession of scheduled or otherwise regulated drugs.

PHYSICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for physical capture (including catch poles, nets, tongs, and other capture equipment) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

TRANSPORT CAGES AND VEHICLES: Enter a detailed list of all equipment utilized to temporarily house and/or transport wildlife, and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

III. Facility Information Checklist:

Attach supporting documentation that includes a schematic or graphic depiction of the facility indicating the location of the following, as applicable:

All facility access points (entrance(s) and exit(s)), diagram(s) of areas where wildlife is housed, location where emergency supplies are stored, location of each electrical and gas shut-off switch/valve.

IV. Miscellaneous Emergency Supplies Checklist:

Check applicable boxes or list any other miscellaneous emergency supplies. Document location where supplies are stored or contact information for obtaining supplies.



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN

PART A: To be completed and submitted with initial or renewal application for license/permit.

I. Applicant or Licensee Information:

Name: _____ Phone: () -
Business Name: _____ Phone: () -
Mailing Address: _____
City State Zip Code USDA License Number

II. Facility Information

Facility Address: _____
City State Zip Code GPS Coordinates

Hurricane Evacuation Zone Category: [] Yes [] No if Yes, what is Category: A B C D E
Flood Zone: [] Yes [] No

III. Other Emergency Contacts

Veterinarian:
Name: _____ Phone: () -
Business Name: _____ Phone: () -
Mailing Address: _____
City State Zip Code

Emergency Response Contact:

Name: _____ Phone: () -
Business Name: _____ Phone: () -
Mailing Address: _____
City State Zip Code

IV. Current Animal Inventory (Attached)

I certify that as part of the critical incident/disaster plan, part B of this form is maintained on file at the facility location where wildlife is housed or maintained. Furthermore said information will be made available for inspection upon request of commission personnel. Said information indicates a detailed emergency plan, inventory of capture and transport equipment, and a schematic or graphic depiction of the facility.

Name (Print) Signature Date

PART B: To be retained on file and made available for inspection

I. Emergency Plan

(Attach additional sheets as necessary)

Specific plan of action to be taken in the event of an emergency (natural disaster, fire, etc.) and critical incident:

III. Facility Information Checklist

(Attached Schematic/graphic depiction of the facility to indicate the following)

- Site plan of facility
 - Location of access points to facility if access is controlled by fences, gates, etc.
 - Location of area(s) where captive wildlife is kept
 - Location of supplies (food, medicines, capture equipment, etc.)
 - Location of each electricity and gas shutoff switch/valve
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IV. Miscellaneous Emergency Supply Checklist

- | | | |
|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Water | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Generator(s) | <input type="checkbox"/> Ice | <input type="checkbox"/> Misc. Supplies |

Location of storage and/or contact information for obtaining supplies

<p>Northwest Region</p> <p>Louie Roberson, Regional Director 3911 Hwy. 2321 Panama City, FL 32409-1658 (850) 265-3676</p> <p>24-Hour Law Enforcement: (850) 245-7710</p>	<p>North Central Region</p> <p>Rolando Garcia, Regional Director 3377 E. US Highway 90 Lake City, FL 32055-8795 (386) 758-0525</p> <p>24-Hour Law Enforcement: 386-758-0529</p>
<p>Northeast Region</p> <p>Dennis David, Regional Director 1239 S.W. 10th Street Ocala, FL 34474-2797 (352) 732-1225</p> <p>24-Hour Law Enforcement: 352-732-1228</p>	<p>Southwest Region</p> <p>Greg Holder, Regional Director 3900 Drane Field Road Lakeland, FL 33811-1299 (863) 648-3203</p> <p>24-Hour Law Enforcement: 863-648-3200</p>
<p>South Region</p> <p>Chuck Collins, Regional Director 8535 Northlake Boulevard West Palm Beach, FL 33412 (561) 625-5122</p> <p>24-Hour Law Enforcement: 561-625-5122</p>	<p>Monroe and Collier County</p> <p>24-Hour Law Enforcement: 305-289-2320</p>

<p>State Warning Point Emergency: 1-800-320-0519 or 850-413-9911 Non Emergency: 850-413-9900 www.floridadisaster.org</p>	<p>Florida Department of Agriculture and Consumer Services Division of Animal Industry 850-410-0900 www.flsart.org</p>
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