



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT
Captive Wildlife Facility Location Information

I. Applicant or Licensee Information:

Name: _____ Phone: () - _____
Business Name: _____ Phone: () - _____
Mailing Address: _____

City State Zip Code

II. Facility Information: Location where wildlife is maintained

Parcel Number: _____
911 Address of the Parcel: _____

City State Zip Code

1. Have you submitted an application for the building permit with your local governmental agency? ☐ Yes ☐ No ☐ N/A

2. Have you submitted an application for the land use and/or zoning approval with your local governmental agency? ☐ Yes ☐ No ☐ N/A

3. Attach a project plan or description.

I hereby certify that all of the information provided is true and correct. Failure to provide accurate information may be a violation of Section 379.3504, F.S.

Signature of Applicant

Notice to Applicant: This form will be provided to the local County or Municipality wherein the facility is located.