



**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.**