

**KENYA WILDLIFE SERVICE
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NAIROBI**

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KWS/WU/OG/AF/01

APPLICATION FOR AUTHORITY TO OPERATE WILDLIFE UTILIZATION ENTERPRISE

PART I: APPLICATION FORM

I/We apply for authority to operate Wildlife Utilization activities as specified and detailed in this form and declare that all the information provided is true to the best of my/our knowledge.

Date:.....

A. DETAILS OF APPLICANT

i. Name of Applicant and Designation.....

ii. Name of Business.....

iii. Address

Postal Address

Physical Address

Tel:

Fax:.....

E-Mail.....

iv. Nationality.....

(If non-Kenyan, provide full contact details in your country)

Postal Address.....

Physical Address

Tel: Fax:

E-Mail

v. Relevant qualifications

a) Training (Academic and Professional)

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b) Experience

- Field collection/capture Handling Harvesting
- Research Husbandry

Please list the species you have dealt with in v (b) above

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B: TYPE OF WILDLIFE UTILIZATION (*tick where appropriate*)

- Captive Breeding (Animals) for commercial exports
 Captive keeping (Animals) for ecotourism, education & research
 Ranching/rearing (Animals) for exports
 Artificial propagation/Cultivation (Plants) for export
 Harvesting from the Wild for export
 Wildlife Sanctuary for ecotourism, education and research

Others (specify).....

C: SPECIES APPLIED FOR (*List using Common and Scientific names giving Information on quantities of initial stocks required*)

i) Species list

| No. | Species Common name | Species Scientific name | Quantities | |
|-----|---------------------|-------------------------|------------|---------|
| | | | Males | Females |
| i | | | | |
| ii | | | | |
| iii | | | | |
| iv | | | | |
| v | | | | |
| vi | | | | |
| vii | | | | |

ii. Expected Source of initial stock

| No. | Species Name | Source | Justification |
|-----|--------------|--------|---------------|
| i | | | |

| | | | |
|-----|--|--|--|
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| vi | | | |
| vii | | | |

PART II: MANAGEMENT PLAN

D. BUSINESS NAME

i) Registered Name of the Operation (*State the name or proposed name of the business or operation. If registered, attach certificate*)

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E. LAND OWNERSHIP (*Provide information on who owns the land on which the operation is to stand and the type and length of land tenure.*)

i) Name(s) of Landowner (*individual, company, cooperative or institution owning the land*)

Name.
 LR No.

ii) Full Address (*The postal/physical address, Tel/Fax, and E-mail*)

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iii) Land Tenure (*The land registration number and the period of leasehold*).

Lease type. Lease period.....

F. OTHER LAND DETAILS (*Provide detailed description of the land in line with the following*):

i) Size of the land (*Minimum area depends on scale of operation*)

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ii) Location of the land

District.....

Division

Location

Nearest commercial center /Town

Street

Nearest KWS office

iii) Climate (*The altitude, rainfall, temperatures and soils of the land*)

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iv) Topography (*main land features and the general terrain*)

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v) Existing Land-use (*a brief outline on current socio-economic activities on the land and its environs*)

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vi) Land sketch plan for the proposed operation and immediate surrounding

(*Provide a sketch plan on a separate sheet of paper outlining the principle physical features and infrastructure of the land e.g. boundaries, roads, fences*)

G: FACILITY INFRASTRUCTURE (ANIMALS)

(Provide a descriptive sketch plan on a separate sheet of paper outlining the following structures)

- i) Enclosures/cages design (to include sizes, Lighting/sources of light and voltage, Watering points etc
- ii) Number and distribution of enclosures/cages
- iii) Shelter area for species
- iv) Security and safety arrangements
- v) Care and Handling (Animals)*(Provide details on how the following aspects will be managed)*

- a) Feeding regime (*Types of food and source, frequency and time of feeding, water supply*)

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- b) Animal disease treatment and surveillance

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- a) Sanitation

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- b) Animal Displays (*describe standards to be employed when displaying animals under the operation*)

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PART III: WILDLIFE BUSINESS PLAN

(Provide the following information on: proposed project budget, Source of capital, projected 5-year revenue, Economic rate of return (ERR), projected plough back capital to the operation etc.)

H. PROJECT COSTS

i) 1-Year Budget

| Cost Item | Expected costs In Ksh. | Status | Source of capital |
|-------------------------------|---------------------------|--------|-------------------|
| Land | | | |
| Infrastructure | | | |
| Initial stock acquisition | | | |
| Personnel | | | |
| 1 -year Maintenance & Repairs | | | |
| Operations | | | |
| Totals | | | |

ii) 5-Year Revenue projections

| Income/Expenditure (Ksh.) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---------------------------|--------|--------|--------|--------|--------|
| Income | | | | | |
| Expenditure | | | | | |
| Infrastructure | | | | | |
| Other costs | | | | | |
| <i>Sub-total</i> | | | | | |
| Net income | | | | | |

PART IV (FOR OFFICIAL USE ONLY)

I: COMMENTS BY AREA SENIOR WARDEN WILDLIFE UTILIZATION IN CONSULTATION WITH AREA SCIENTIST

(Concerning competency [technical and financial aspects] of the applicant, suitability of the area. Assessment report by the Area Scientist to be attached)

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Name Signature Date

J: COMMENTS BY THE SCIENTIFIC AUTHORITIES

i. KENYA WILDLIFE SERVICE

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Name Designation

Signature Date

ii. NATIONAL MUSEUMS OF KENYA

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Name Designation

Signature Date