

**KENYA WILDLIFE SERVICE
P.O BOX 40241- 00100
NAIROBI**

**Telephone No. (020) 2379407/8/9
E-mail: permitting@kws.go.ke**

APPLICATION FOR A DEALERS PERMIT

PART I: APPLICATION FORM

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

Date:.....

i. A. DETAILS OF APPLICANT (attach copy of ID/ business registration certificate/ company certificate of incorporation)

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

ii. Name of Business.....

iii. Address
Postal Address

Physical Address

Tel:

E-Mail.....

iv. Nationality.....

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

Postal Address.....

Physical Address

Tel: Fax:

E-Mail

B: TYPE OF DEALERSHIP (tick where appropriate)

- Trade of live wild animals
- Trade of live wild plants
- Manufacturing fishing flies from wildlife
- Manufacturing cat-mouse toy from wildlife
- Trade of unprocessed meat from wild animals
- Trade of wildlife products

Others (specify).....

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

i) Species list

No.	Species Common name	Species Scientific name	Description (live, sex)
i			
ii			
iii			
iv			
v			
vi			
vii			

ii. Expected Source of initial stock (attach import/export permits; certificate of ownership)

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)

.....

.....
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*)

.....

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*)

.....

ii) Location of the land

Ward.....

Sub-county

County

Nearest commercial center /Town

Street

Nearest KWS office

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)

.....
.....
.....

Name Signature Date

J: COMMENTS BY THE SCIENTIFIC AUTHORITIES

i. KENYA WILDLIFE SERVICE

.....
.....
.....

Name Designation

Signature Date

ii. NATIONAL MUSEUMS OF KENYA

.....
.....
.....

Name Designation

Signature Date