

NB. FORM NOT FOR SALE OR DISTRIBUTION

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KWS/WU/OG/AF/01

AUTHORITY TO OPERATE WIDLIFE UTILIZATION ENTERPRISE APPLICATION FORM
(Guinea Fowls; Quails and other small birds)
Instructions: To be filled in duplicate and fill in the shaded part of the form and choose from dropdown list where applicable

	Date					
A.	Details of Applicant					
i)	Applicant /Business Name: (Attach ID Copy, business registration certificate as necessary)					
ii)	Address (Postal, Mobile Tele	ephone, Fax, Email)				
В.		de information on who owns la er Name:	and for the pr	oposed activ	rity, type and length of land tenure)	
	ii) L/R/No: iii) Ownershi iv) Lease pe v) Full addre vi) Land size	ess of land owner (Postal/Tel/Er	mail)	7		
	viii) Attach loo	cation sketch map to farm site				
C.	 Captive breeding of game birds for commercial purpose Captive breeding of game birds for ecotourism and education purpose Captive breeding for ornamental purpose 					
	Species common name	Species scientific name	Species Quantity	Sex &	Source Name of initial stock (KWS Licensed breeders)	Justification for the source
			Male	Female		
						+

E.	Poultry/game bird husbandry handling regime experience (state your experience in this field)					
F.	Welfare a	/elfare and health safety of game birds Feeding regime (type of food & sources, frequency, time of feeding and water supply)				
	ii)	Treatment regimes				
	iii)	Sanitation				
G.	Facility st	tructure(provide a descriptive sketch plan & photo on a separate sheet of paper outlining the following) Enclosure/cage design (size, lighting / sources of light and voltage, watering supply)				
	ii)	Number and distribution of enclosures/cages				
	iii)	A photo of the cages				
Н.	I hereby app the best of applicable la	t Declaration ply for a permit and declare by signature that the information submitted in this application and supporting documents is complete and accurate to my knowledge and belief. I understand that any false statement herein may subject me to criminal penalties. I further state that I will abide by all aws, those governing wildlife and the terms and conditions of this permit.				
		plicant				
	Name:	SERVICE Date: Sign:				
l.	I. Recommendation comment from Utilization/Area Warden /Scientist					
	Name:	Date: Sign				
		(NB. Provide a sketch map of the location of the farm with features such as nearest shopping center or town, a copy of your National Identification Card, KRA Pin No.)				