



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 and small animals)

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, Tel, Fax, Email)

B. Landownership type (Provide information on who owns land for the proposed activity, type and length of land tenure)

- i) Landowner Name:
Attach letter of no objection or copy of lease agreement)
- ii) L/R/No:
- iii) Ownership type (Lease /Freehold):
- iv) Lease period :
- v) Full address of land owner (Postal/Tel/Email)
- vi) Land size :
- vii) Location of land (name of Village, Town , County)
- viii) Attach location sketch map to farm site

c. Type of Utilization

- 1. Captive breeding of game birds for commercial purpose
- 2. Captive breeding of game birds for ecotourism, education and research
- 3. Captive breeding for ornamental purpose

D. Source & Species applied for (list in the table below)

Species common name	Species scientific name	Species Sex & Quantity		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 and health safety of game birds

i) **Feeding regime** (type of food & sources, frequency, time of feeding and water supply)

ii) **Treatment regimes**

iii) **Sanitation**

G. Facility structure(provide a descriptive sketch plan & photo on a separate sheet of paper outlining the following)

i) 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

H. Applicant Declaration

I/We apply for the Authority to operate wildlife utilization enterprise as specified and detailed in this form and declare that all information provided is true to the best of my/our knowledge

Name:

Date:

Sign:

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.)