



Application for Restricted Snake Propagation Permit

New Applicant

Name of Applicant to be licensed: _____

Doing business as: _____

SSN or TIN, as applicable: _____

Type of Organization: Individual Partnership LLC Corporation Other (specify) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Holding Facility Address: _____ City: _____ State: _____ Zip: _____ County: _____

(if different than mailing address where snake will be held)

Telephone No.: _____ Fax No.: _____ Cell Phone No. _____ Email: _____

Date of Birth of Applicant, and Date of Incorporation if Entity: _____ / _____

State of Incorporation if Entity: _____

*Description of Restricted Snakes in Applicant's Possession**

1. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

2. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

3. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

*Please use additional sheets if needed.

Check the proof of financial responsibility, listed below, to be adopted by the applicant:

- (a) A bond subject to the approval of the Director that covers claims for injury or damage to persons or property caused by the restricted snakes listed; or (*Please attach a copy of the Certification of Bond from the providing company*)
- (b) Liability Insurance that covers claims for injury or damage to persons or property caused by the restricted snakes listed. (*Please attach a copy of the Certification of Insurance from the providing company*)
- (c) Not applicable as applicant only possesses those restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code.

Any financial responsibility adopted by the applicant must be in the following amounts:

- (i) \$100,000 per occurrence if applicant possesses 5 or less restricted snakes;
- (ii) \$250,000 per occurrence if applicant possesses 6 – 15 restricted snakes;

FOR OFFICE USE ONLY
DATE RECEIVED STAMP



(iii) \$500,000 per occurrence if applicant possesses 16 or more restricted snakes.

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals, escape of dangerous animals, or prohibitions concerning companion animals?

Yes No

Please provide a signed Background Check Permission & Release Form, applicable fee, and schedule an appointment for electronic fingerprinting

Check the proof of experience applicant has in the care of each restricted snake in applicant's possession, or if applicant will be taking the written examination:

Applicant has two years of experience in the care of each snake listed on this application. Proof of such experience is attached.

Please provide a separate piece of paper identifying all experience, work experience, and education which applicant has in the care of each animal identified on this application

Applicant will be taking the written examination as provided by the ODA for the following snakes: _____

(c) Not applicable as applicant only possesses those restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code.

Veterinarian: _____ Alternate Veterinarian: _____
Phone No.: _____ Phone No.: _____

Please include a written statement from a veterinarian stating veterinarian is willing to provide veterinary care to an applicant's restricted snake(s) when care is needed

Does the applicant have a written plan of action if one of the restricted snakes listed escapes, and if so, has the plan of action been submitted to the sheriff of the county where the snakes are held, and the chief law enforcement officer and fire chief of the township or municipal corporation where the snakes are held?

Yes No *Please attach a copy of the written plan of action in the event of escape and proof of receipt*

Has the applicant previously registered the above snakes with the Ohio Department of Agriculture?

Yes No

Will applicant have any employee(s) working on their behalf?

Yes No *If yes, please fill out an E-1 form and submit with application*

Is applicant currently in compliance with the housing and care standards established in the Ohio Administrative Code?

Yes No *If yes, please attach affidavit that facility is and will continue to be maintained in compliance with the standards. Applicant will be subject to an inspection to confirm*

Does applicant intend to permit the public to have physical contact with the restricted snakes?

Yes

No *If no, please attach affidavit attesting that the public will not have contact*

Applicant intends to display restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code to primary or school age children only.



The foregoing statements concerning the possession of restricted snakes of applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for the duration of the permit plus one year after permit expiration of a description of the restricted snake and other characteristics as provided above, including the name and address of each person from whom I (we) acquire an snake and to who the snake was disposed or escaped. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 935.15 of the Ohio Revised Code.

Date application made: _____	Approved _____
_____	Check # _____
Signature of the applicant or one authorized to sign _____	Date of Check _____
	Amount of Check _____
	R. Snake Propagation Permit No. _____

Fees: \$ 300.00 per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

Mail completed form to:

**Ohio Department of Agriculture
Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068**



Background Check Disclosure, Authorization and Release for Restricted Snake Propagation Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture's office may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture's office will use any such report(s) solely for determination of approving a restricted snake Propagation permit purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a Restricted Snake Propagation Permit license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license and any renewals to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for Restricted Snake Propagation permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: _____

Signature: _____

Date Signed: _____

