



Renewal Application for Restricted Snake Possession Permit

Name of Applicant Renewing:
Doing business as:
SSN or TIN, as applicable:
Type of Organization:
Mailing Address:
Holding Facility Address:
Telephone No.:
Date of Birth of Applicant:
State of Incorporation if Entity:

Description of Additions, Transfers, or Losses to Restricted Snakes in Applicant's Possession since previous application\*

Table with 5 columns: Scientific Name, Common Name, Given Name, Sex, Age, Color, Weight, Distinguishing Marks

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\*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
(b) Liability Insurance that covers claims for injury or damage to persons or property caused by the restricted snakes listed.
(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;
(iii) \$500,000 per occurrence if applicant possesses 16 or more restricted snakes.

FOR OFFICE USE ONLY
DATE RECEIVED STAMP

All information submitted is public information unless a statutory exception exists that exempts it from public release under the Ohio Public Records Act, as defined in section 149.43 of the Ohio Revised Code.



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 signed Background Check Permission & Release Form, applicable fee, & schedule appointment for fingerprints\*

Has applicant's veterinarian information changed?

Yes  No

\*If yes, please provide new information below\*

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\*

Have any events occurred since the last permit application of applicant which have caused a change in the written plan of action on file with ODA?

Yes  No

\*If yes, please attach a copy of the written plan of action in the event of escape and proof of receipt by local fire chief and law enforcement\*

Does applicant have any new employee(s) or lost employees from their staff since the last application?

Yes  No

\*If yes, please fill out an E-1 form and submit with application\*

Does the applicant remain 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 dangerous 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 snake and other characteristics as provided above, including the name and address of each person from whom I (we) acquire a 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: _____  _____ Signature of the applicant or one authorized to sign	Approved _____ Check # _____ Date of Check _____ Amount of Check _____ R. Snake Permit No. _____
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Fees: \$ 150.00 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**

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# **Background Check Disclosure, Authorization and Release for Restricted Snake Possession 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 possession 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 Possession 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 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 Possession permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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