



COUNTY OF LOS ANGELES - DEPARTMENT OF ANIMAL CARE AND CONTROL  
 FACILITY LICENSE PROGRAM  
 12440 E. IMPERIAL HWY, SUITE 603 NORWALK, CA 90650 (562) 345-0323



**Application for Animal Exhibition Permit**

|  |            |  |   |                          |
|--|------------|--|---|--------------------------|
| Name of Applicant:                                   |            | Telephone:   | Type of Permit:   | FilmLA Permit No.:       |
| E-mail:  |            |  | <input type="checkbox"/> Private Exhibit  | Other (City) Permit No.: |
| Company/Name of Business:                            |            | Telephone:   | <input type="checkbox"/> Commercial/Filming   |                          |
| Address (Business):                                  |            |  | Filming/Event Date(s)   |                          |
|  |            |  | From: ___/___/___ To: ___/___/___ Total number of days: ___   |                          |
|  |            |  | Time of the Event:  |                          |
|  |            |  | From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |                          |
|  |            |  | From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |                          |
| City:  | Zip Code:  | Filming/Event Address:   |   |                          |
| Production Name/Name of Event:                       |            | Include call sheets and other pertinent information of animal performance: |   |                          |
| Contact Name/Production Manager:                     | Telephone: |  |   |                          |
| Describe the location where animals will be showing: |            |  |   |                          |

**Animal Information**

| Number | Type | Number | Type |
|--------|------|--------|------|
|        |      |        |      |
|        |      |        |      |
|        |      |        |      |

|  |  |
|--|--|
| <b>If animals are rented, provide the following information:</b><br>Name of Agency/Animal Handler:<br>Telephone Number: _____<br>E-mail Address: _____<br>Address: _____ | <b>FOR OFFICE USE ONLY</b><br>Animal Exhibition Permit = \$250.00<br>Each Additional day \$25 x _____ days = \$_____<br><b>Total = \$_____</b> |
|--|--|

Once your request for an Animal Exhibition Permit has been received and before a permit can be issued by the Department you must comply with the following procedures:

1. Submit full payment before the event, including the fees for the number of days of the exhibit or filming. **Payment must be mailed to the office address shown above. No over the counter payments will be accepted at this location.**
2. Submit State, County or other government certificates/permits to operate or handle animals.
3. After the above conditions have been met, the County of Los Angeles Department of Animal Care and Control will inspect your event location. **Animals must not be housed on the event location until approved by the Department of Animal Care and Control. Animal Exhibition events may be subject to conditions.**

I, the undersigned, am familiar with applicable County ordinances and state and federal laws regarding the keeping and maintaining of the animal(s) for which this application is made. I agree to comply with all present and/or future laws and ordinances regarding the keeping and maintaining of all animals.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSPECTING OFFICER'S USE ONLY:**

ACTIVITY NO.: \_\_\_\_\_

|                           |                             |
|---------------------------|-----------------------------|
| AMOUNT RECEIVED: \$ _____ | INSPECTOR'S APPROVAL: _____ |
| DATE: _____               | MANAGER APPROVAL: _____     |
| CHECK/MO NO.: _____       | DENIED BY: _____            |
| RECEIPT NO.: _____        |                             |