

Supervisors of Old Lycoming Township



Lycoming County
 1951 Green Avenue Williamsport, PA 17701-1299
 Phone (570) 322-6906
 Fax (570) 322-5347

Application for Restricted Snake Possession Permit

New Applicant

Name of Applicant to be licensed: _____

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.: _____ Cell Phone No. _____ Email: _____

Date of Birth of Applicant: _____ / _____

Alternate Contact Information:

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

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

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	

Please use additional sheets if needed

Veterinarian: _____ Phone No.: _____

Alternate Veterinarian: _____ 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 Township where the snake(s) are held?

Yes No

*Please attach a copy of the written plan of action in the event of escape *

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

Yes

No

If no, please attach written letter attesting that the public will not have contact

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 an snake and to who the snake was disposed or escaped. I (we) also agree to permit Old Lycoming Township, or any of its authorized agents, to inspect my (our) records at any time.

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