

ZOOLOGICAL PARK & AQUARIUM APPLICATION

PLEASE ANSWER ALL QUESTIONS

If they do not apply, indicate "N/A" - If space is insufficient please use separate sheets

1. Name of Applicant: _____
2. Mailing Address: _____
Website Address _____
List all location(s): _____
Area Occupied: _____
3. Who owns: Land: _____
Collections: _____
Buildings/Grounds: _____
4. Type or Institution: Zoological Park Aquarium Wildlife Park
 Oceanarium Combination Interactive Animal Facility
5. Institution is: For Profit Non-Profit
6. How long under present ownership? _____ How long under present management? _____
7. Breakdown of receipts from:

(a) Gate: _____	\$ _____
(b) Concessions: _____	\$ _____
(c) Liquor: _____	\$ _____
(d) Amusements/special features (e.g. animal rides): _____	\$ _____
(e) Other (Please describe): _____	\$ _____
Total:	\$ _____

Annual gate attendance: _____
Operating Season: From: _____ To: _____
8. How long has the Applicant been in business? _____
Describe Applicant's experience in the business/qualifications and experience of animal handlers: _____

9. Description of Operations. Please describe all attractions at the subject locations (types and numbers of animals, amusement rides, playgrounds, etc.):

10. Do you have an emergency plan to handle animal escapes? Yes No
If yes, please describe, if no, please explain: _____

If wildlife park, is it fenced and patrolled? _____
Do customers drive their own vehicles through? _____
Are warning signs posted? _____
Incident report mechanism (form): _____

11. GENERAL

Carts, trains, buses, motorcycles, ATVs or other transportation On Premises Off Premises

Describe Veterinary Services: Veterinary is employed Veterinary is contracted

Any off premises facilities or services, e.g. breeding. Please describe: _____

12. EDUCATIONAL (check if any)

On Premises

Off Premises

Lectures/Films/Classes

Demonstrations

Tours

School Presentations

College Work/Class/Research Program

Docent Program

(coverage must be specifically endorsed for any off-premises activities including wildlife)

13. RESEARCH

Seperate Research Library

Formal Research Project(s)

Please describe: _____

14. SPECIAL EVENTS/ACTIVITIES/ATTRACTIONS

Firework Displays

Concerts

Other Performances

Please describe: _____

Parking Lot Events - Please describe: _____

Special Functions (social, political events, etc., attach schedule) - Describe: _____

Holiday or Other Seasonal Promotions - Please Describe: _____

Publications - Other Please describe: _____

15. Total Payroll: \$ _____ No. of Employees: _____

Are all employees covered under WSIB? Yes No

Do you have any volunteers? Yes No

If yes, please advise numbers and how many are employees: _____

If no, please list numbers by job description and estimated payroll: _____

Total Payroll: \$ _____ No. of Employees: _____

16. Describe work performed for Applicant by sub-contractors: _____

Is evidence of Liability Insurance obtained from all sub-contractors? Yes No

If no, please explain: _____

If yes, please advise what limits they are required to provide: _____

Does applicant have any agreements assuming liability? Yes No

If so, please describe and provide copies: _____

17. Non-Owned Automobile

Number of employees using their cars on company business: _____ Regularly: _____

Occasionally: _____

Estimated annual cost of hired cars \$ _____

Estimated annual cost of cars operated under contract \$ _____

18. Does applicant presently carry insurance? Yes No

If yes, who is present insurer? _____ Premium: _____

Is present insurance Claims Made? Yes No If yes, state retro date: _____

Are they willing to renew? Yes No If no, please explain: _____

