



**Greenville Police Animal Protective Services**  
500 South Greene Street, Greenville, NC 27858  
252-329-4388



**Application for Circus/Exhibition Shows**

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Applicant's Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Is this your first animal permit: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Location in which animal/s is to be kept:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person responsible for animal/s: (Name, address, and phone number):

\_\_\_\_\_  
\_\_\_\_\_

Special precautions being taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of animal/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source animal/s was obtained from:

\_\_\_\_\_  
\_\_\_\_\_ When? \_\_\_\_\_

The period for which permit is requested: Temporary: \_\_\_\_ 1-year \_\_\_\_ Other: \_\_\_\_

If temporary, dates requested: From \_\_\_\_\_ 20\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_

Current age of animal/s: \_\_\_\_\_ Current weight of animal/s: \_\_\_\_\_

Purpose for which animal/s is being kept \_\_\_\_\_  
\_\_\_\_\_

Do you possess any state or federal permits for the animal/s ? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Describe the animal/s to include color, any special markings or any unique characteristics:

\_\_\_\_\_  
\_\_\_\_\_

Date of last visit to veterinarian: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Attach separate sheets for this category if necessary)

Immunizations or veterinary certifications: \_\_\_\_\_

(Attach separate sheets for this category if necessary)

Has the animal/s bitten or injured any person? Yes \_\_\_\_ No \_\_\_\_ if yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has the animal/s bitten or injured any other animal/s? Yes \_\_\_\_ No \_\_\_\_ if yes, explain

\_\_\_\_\_  
\_\_\_\_\_

Are there children in your household? Yes \_\_\_\_ No \_\_\_\_ if yes, give ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have liability insurance covering the animal/s? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

\_\_\_\_\_

Owner of animal/s: (Name, Address, Phone):

\_\_\_\_\_  
\_\_\_\_\_

Additional comments or explanation (Attach additional sheets and any supporting documentation if necessary):

---

---



NORTH CAROLINA  
PITT COUNTY

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

I, \_\_\_\_\_, a notary public for said County and State, do here certify that \_\_\_\_\_  
Personally appeared before me this day and acknowledge that the above information is correct and truthful.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

( \_\_\_\_\_ )  
Notary Seal

FOR DEPARTMENT USE ONLY

Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Investigative Summary:

---

---

---

---

---

---

---

---

\_\_\_\_\_ Permit Granted

Permit No. \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Permit Denied

Reason:

---

---

---

---

---

---

---

---

Animal Protective Services Supervisor: \_\_\_\_\_

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

**INSTRUCTIONS TO APPLICANT:** Processing of this application will take at least (10) working days. Additional information may also be requested as part of this application processing. As soon as a decision is made, you will be notified.