



**RHODE ISLAND**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
 DIVISION OF AGRICULTURE  
 235 Promenade Street, Room 370  
 Providence, Rhode Island 02908

<b>DEM Use Only:</b>
Number: _____ / _____
Approved By: _____
Date: _____

**APPLICATION FOR AVIARY LICENSE (Revised January 2019)**

In accordance with Title 4, Chapter 11, of the General Laws, 1956 as amended entitled Psittacine birds, the undersigned hereby registers and agrees to conform to all the provisions of said Chapter, and all regulations issued under the authority thereof. Registration must be renewed annually by January 1st.

- NEW Application:** Attach written proof from local Municipal zoning office confirming local ordinance permits AVIARY License at intended location.
- RENEWAL Application:** If NO changes since last year's approval, fill out Page One in its entirety, sign and date ALL pages and submit with fee.

*NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page five. Keep a copy for your records.*

**FACILITY INFORMATION:**

Name of AVIARY: \_\_\_\_\_

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

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mail Address (if diff. from facility location): \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Hours\*: Sun: \_\_\_ to \_\_\_ Mon: \_\_\_ to \_\_\_ Tues: \_\_\_ to \_\_\_  
 Wed: \_\_\_ to \_\_\_ Thu: \_\_\_ to \_\_\_ Fri: \_\_\_ to \_\_\_ Sat: \_\_\_ to \_\_\_

After Hours Telephone / Emergency Contact: \_\_\_\_\_

\*Facility complaints may require inspection outside of provided hours.

**OWNER / APPLICANT INFORMATION:**

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

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

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail Address (if diff. from above): \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# OPERATIONAL PLAN

## TYPES OF BIRDS/ANIMALS TO BE RAISED

Breed(s) of Birds Raised:	No. of Birds on Hand	No. Birds Raised Annually
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BAND CODE:** \_\_\_\_\_

**Number Sold WHOLESAL:** \_\_\_\_\_

**NAME, ADDRESS, Phone of WHOLESALER(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Number Sold RETAIL:** \_\_\_\_\_

**NAME, ADDRESS, PHONE of RETAIL FACILITY(s):**  
\_\_\_\_\_  
\_\_\_\_\_

### ATTACH A DETAILED FLOOR PLAN\* OF AVIARY

*This diagram should include ALL of the following, as applies:*

- |   |  |
|---|--|
| Main Entrance   | Food storage                                 |
| Interior and exterior doors                               | Medical treatment room(s) (if applicable)    |
| Front desk or reception area                              | Windows and vents                            |
| <b>Location of PSITTACINE Logs</b>                        | Heating and/or cooling system                |
| <b>Location of Cleaning Logs</b>                          | Waste receptacles (covered)                  |
| Indoor / outdoor runs or cages ( <b>inc. dimensions</b> ) | Drainage systems                             |
| Isolation / quarantine cages/runs/rooms                   | Location of sprinklers or fire extinguishers |
| Refrigerator and/or freezer ( <b>if any Meds</b> )        | Posted emergency evacuation plan or map      |

\*Can be hand-drawn on 8x11 (must be legible)

**USE THIS SPACE TO LIST ANY ADDITIONAL EMPLOYEES, WHOLESALERS, RETAILERS, etc.**

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

## **REGULATIONS**

Rules and Regulations can be found at the Rhode Island Secretary of State Website

URL: <https://rules.sos.ri.gov/organizations> and using the search feature.

-Rules and Regulations Governing the Importation of Domestic Animals (250-RICR-40-05-1)

-Rules and Regulations Governing Importation and Possession of Wild Animals (250-RICR-40-05-3)

-Rules and Regulations Governing Animal Care Facilities (250-RICR-40-05-4)

## **RHODE ISLAND GENERAL LAWS**

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry

<http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM>

Relevant Chapters:

- [CHAPTER 4-1 Cruelty to Animals](#)
- [CHAPTER 4-4 Animal Diseases in General](#)
- [CHAPTER 4-11 Psittacine Birds](#)
- [CHAPTER 4-19 Animal Care](#)

State of Rhode Island General Laws / TITLE 20 - Fish and Wildlife

- [CHAPTER 20-1 General Provisions](#)
- [CHAPTER 20-37 Endangered Species of Animals and Plants](#)

## **LOG FORMS / EXOTIC APPLICATION / Other Links**

PSITTACINE BIRD LOG (per RI General Laws 4-11)

<http://www.dem.ri.gov/programs/agriculture/documents/psittacinelog.pdf>

POSSESSION PERMIT APPLICATION FOR AN EXOTIC WILD ANIMAL

*(Application and fee required for each Specimen)*

<http://www.dem.ri.gov/programs/agriculture/documents/exoticapp.pdf>

RI DEM Website- <http://www.dem.ri.gov/>

**Review above listed information as pertains to AVIARIES.  
Download and print forms as needed.**

**NOTE: AVAIRY Licenses expire December 31<sup>st</sup> of each year.  
It is the responsibility of the licensee to renew annually. No reminder will be sent.**

*Additionally:*

*\* Complete form in its entirety (incomplete Applications will be returned until completed)*

*\* Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781*

*\* Sign, date and return application to:*

**The RI Department of Environmental Management  
Division of Agriculture / Animal Health Section  
235 Promenade St. / Rm. 370  
Providence, RI 02908-5767**

**OPERATIONAL PLAN**

**Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals sold, source(s) of animals, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change being executed.**

**MANAGER/ DIRECTOR (or equivalent) is responsible for employees being informed of and understanding the laws and regulations listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.**

**\*\*\*Sign and Date bottom of each page\*\*\***

**Signature below indicates knowledge and understanding of the laws, regulations, forms and requirements listed above AVIARY owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above.**

**Indicate Title(s) if different than those indicated.**

**Signature of Owner/Applicant: \_\_\_\_\_**

**PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Co-Owner/Applicant: \_\_\_\_\_**

**PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Facility MANAGER: \_\_\_\_\_**

**PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_**

AVIARY APPLICATION revised January 2019