

**Captive Wildlife  
ESC Renewal Application**

Processor: AV  
Date Processed: 4/17/19  
Revenue Date: 4/15 30 days: 5/13  
90 days: \_\_\_\_\_  
App ID: 14526

Applicant Name: Bovard, Carl  
Business Name: Single Vision

- Application Completed, Signed and Dated
- Applicant History
- Checked Commercial Database
- Previous Violations/Convictions: Facility + structural caging requirement (2012) Warning
- Issues Noted on Past Inspections: Warning 2018: General Regulations  
Housing wildlife in substandard size caging  
rule or order violated
- Facility is Out of State
- Critical Incident/Disaster Plan Part A
- Inventory - Listed Species and Number
- Compare Previous Authorizations with Current Inventory
- Conditional Species
- Capuchin, Spider or Woolly Monkeys
- Endangered/Threatened Species
- Venomous Reptiles
- Species of Special Concern
- Migratory Birds
- New Authorization(s) Requested: \_\_\_\_\_
- Experience Documentation
- Reference Letters
- Exam
- Reptile Inventory Report Form (for Conditionals and Venomous Reptiles)
- Itinerary (for Mobile Exhibitors)

**Application Incomplete**

- Phone Call Date Called: 4/23 Notes: CIDP
- 30 Day Letter Date Mailed: 4/17 Date Information Received: \_\_\_\_\_
- Inspection Date Ordered: \_\_\_\_\_ Date Completed: \_\_\_\_\_
- Application Complete, Forwarded for Approval
- Application Incomplete, Forwarded for Denial

**Application Complete**

- Forward to Supervisor for Approval

**Authorization Codes**

M7<sup>22</sup>, U<sup>5</sup>, ✓

**Processor Comments:**

USE CIDP on class I file

**Approver Comments:**

Updated Sharepoint



INCOMPLETE APPLICATIONS WILL BE RETURNED

Florida Fish and Wildlife Conservation Commission
PO Box 6150, Tallahassee, FL 32314-6150
(850) 488-6253

Renewal Application For

ESC-403 LICENSE TO POSSESS CLASS III WILDLIFE FOR EXHIBITION OR PUBLIC SALE - \$50.00 FEE

App Id: 14526 Lic Id: 135825 Exp Date: 5/1/2019

Mailing Information:

Location Address:

SINGLE VISION
8185 FOREST HILLS ROAD
MELROSE, FL 32666

BOVARD, CARL
8185 FOREST HILLS ROAD
MELROSE, FL 32666

Classes: III:M7 , III:V , III:U

Above Mailing & Location information IS INCORRECT. Note changes below:

Business Name: Single Vision Inc
Email Address: Singlevisioninc@gmail.com
Mailing Address:
City: State: Zip:
Location Address:
City: State: Zip:
County of Facility: Clay
Business Phone: (904) 377-7993

Note: Corporations or Fictitious Names must be registered

COMMERCIAL ACTIVITY (check all)

Pet Shop
Exhibition of Wildlife [X] Permanent Exhibit [ ] Mobile Exhibit (Attach 12 month itinerary) [ ] Conditional Species
Sale of Wildlife [ ] Non-Venomous Reptiles or Amphibians [ ] Conditional Species
[ ] Venomous Reptiles (Additional License Required) [X] Mammals [ ] Birds

INVENTORY OF ANIMALS (Complete Enclosed Inventory Page - ESC)

Applicant must provide Part A of Critical Incident/Disaster Plan.

REQUIRED DOCUMENTATION: CAPUCHIN, SPIDER & WOOLEY MONKEYS - New applicant must attach the following:

[ ] Documentation of experience from applicant [ ] 2 Letters of Reference

I certify that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379, Florida and the rules and regulations of the Commission pertaining to the possession of wildlife. I understand that my wildlife facilities are subject to inspection by Commission personnel as required by Florida Statute.

Carl Bovard (904) 377 7993 [Signature] 3/5/19
Owner/Manager (please print) Home Phone Signature Date

FOR COMMISSION USE ONLY

Approved By: [Signature] Date: 5/16/2019
Code: m7, v
Denied By: Date: APR 15 2019
Reason:

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154013290



**WILDLIFE THAT YOU CURRENTLY POSSES IN FLORIDA:** Please indicate the exact number of species you currently possess in the "QTY" field. If you do not house these species in Florida, put a zero (0) in "QTY".

**WILDLIFE THAT YOU DO NOT POSSES IN FLORIDA:** For the species that yuu do not currently but plan to possess, put a "P" in "QTY". For species that you possess but do not house in Florida, put a zero (0) in "QTY".

Please list all animals by species (except Capuchin, Spider and Woolly Monkeys) in the species list.

CLASS III	CODE	QTY
Capuchin Monkey	M4	
Spider Monkey	M5	
Woolly Monkey	M6	
All Other Class III Mammals (complete species list)	M7	22
All Other Class III Reptiles (complete species list)	V	
Burmese/Indian Python	V1	
Amethystine Python	V2	
Reticulated Python	V3	
Northern African Rock	V4N	
Southern African Rock	V4S	
Green Anaconda	V5	
Nile Monitor	V6	
Red-Ear Slider	V7	
Scrub Python	V8	
Exotic Birds (complete species list)	U	5
Venomous Reptiles* (complete species list)	Z	

**SPECIES LIST**

- 8 Kinkajou
- 6 Ringtail Lemur
- 1 Coati mudi
- 1 Raccoon
- 2 Marmoset
- 1 Arctic Fox
- 1 Red Fox
- 2 Cockatoo
- 3 Macaw
- 1 Bushbaby
- 1 Prairie Squirrel

**\*The License to Possess and/or Exhibit Venomous Reptiles/Reptiles of Concern is required.**

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Conservation Commission

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**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT  
CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN**



**PART A:** Complete and submit with initial or renewal application for license/permit. Please Print.

**I. Applicant or Licensee Information:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**II. Facility Information: Location where wildlife is maintained**

Facility Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ GPS Coordinates

Flood Zone:  Yes  No

**III. Emergency Contact: (Person not living at facility location)**

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**IV. Veterinarian Contact Information:**

**Veterinarian:**  
 Name: DR. Tamra White Phone: (352) 473-8222  
 Business Name: Springlake Animal Hospital Phone: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: 7400 SR. 21  
Keystone Heights FL 32656  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

I certify that as part of the critical incident/disaster plan, **Part B** of this form is maintained on file at the facility location where wildlife is housed or maintained. Furthermore said information will be made available for inspection upon request of commission personnel. Said information indicates a detailed emergency plan, inventory of capture and transport equipment, and a schematic or graphic depiction of the facility.

Carl Bovard \_\_\_\_\_ [Signature] \_\_\_\_\_ 3/5/19  
 Name (Print) Signature Date

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**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT**



**CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN**

**PART A:** Complete and submit with initial or renewal application for license/permit. Please Print.

**I. Applicant or Licensee Information:**

Name: Carl Bovard Phone: (904) 377-7993  
 Business Name: Single Vision Inc Phone: ( ) -  
 Mailing Address: 8185 Forest Hills Rd.  
Melrose FL 32466  
 City State Zip Code

**II. Facility Information: Location where wildlife is maintained**

Facility Address: 8185 Forest Hills Rd  
Melrose FL 32666  
 City State Zip Code GPS Coordinates

Flood Zone:  Yes  No

**III. Emergency Contact: (Person not living at facility location)**

Name: [Redacted]  
 Business: [Redacted]  
 Mailing: [Redacted]

**IV. Veterinarian Contact Information:**

**Veterinarian:**  
 Name: DR. TAMRA WHITE Phone: (352) 473-8222  
 Business Name: Springlake Animal Hospital Phone: ( ) -  
 Mailing Address: 7400 SR 21  
Keystone Heights FL 32456  
 City State Zip Code

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Carl Bovard [Signature] 12/14/18  
 Name (Print) Signature Date

Florida Fish and Wildlife Conservation Commission

JAN 10 2019

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