

## The Animal Welfare (Licensing of Activities Involving Animals) Regulations 2018

### Application for a licence to carry on the activity of breeding dogs

This form should be fully completed, signed and sent to:

**Hammersmith & Fulham Council**

London Borough of Hammersmith and Fulham,  
Food and Safety Team  
Hammersmith Town Hall  
King Street  
London W6 9JU

☎ **020 8753 1081**

✉ foodandsafety@lbhf.gov.uk

<b>This box is for office use only.</b>
Licence number
<b>Date Received</b>
<b>Fee Paid £</b>
Chq / debit card/ credit card / BAC's

I/we hereby apply to the London Borough of Hammersmith and Fulham for a licence to carry on the activity of breeding dogs.

*Please complete all the questions in the form.  
If you have nothing to record, please state "Not applicable" or "None"*

<b>1</b>	<b>Reference number</b>	<b>Where known (Renewal Application)</b>			
1.1	System reference Number				
1.2	Your reference				
<b>2</b>	<b>Agent</b>				
2.1	Are you an agent acting on behalf of the applicant	Yes		No	If no go to 3
<b>2b</b>	<b>Further information about the Agent</b>				
2.2	Name				
2.3	Address				
2.4	Email				
2.5	Main telephone number				
2.6	Other telephone number				

<b>3</b>	<b>Applicant details</b>				
3.1	Name				
3.2	Address				
3.3	Email				
3.4	Main telephone number				
3.5	Other telephone number				

<b>3</b>	<b>Applicant details</b>					
3.6	Applying as a business or organisation, including a sole trader	Yes		No		
3.7	Applying as an individual	Yes		No		

<b>4</b>	<b>Applicant Business</b>					
4.1	Is your company registered with companies house	Yes		No		If no go to 4.3
4.2	Registration Number					
4.3	Is your business registered outside the UK					
4.4	VAT Number					
4.5	Legal status of the business					
4.6	Your position in the business					
4.7	The country where your head office is located.					
<b>4b</b>	<b>Business Address – This should be your official address – The address required of you by law to receive all communication</b>					
4.8	Building name or number					
4.9	Street					
4.10	Post Code					

Please complete all the questions in the form.  
If you have nothing to record, please state "Not applicable" or "None"

<b>5</b>	<b>Type of Application</b>					
5.1	Type of Application	New		Renewal		If new go to 5a
5.2	Existing licence number					
<b>5a</b>	<b>Animals to be accommodated</b>					
5.3	Wholly Indoors		Wholly outdoors		Home Breeder	
5.4	Breeds of dogs concerned					
5.5	Number of bitches kept					
5.6	Owned by the applicant		Co owned by the applicant		On breeding terms	
5.7	Provide details of the ages of bitches kept.					
5.8	Number of studs kept					
5.9	Owned by the applicant		Co owned by the applicant		On breeding terms	
5.10	Provide details of the ages of the studs kept					
<b>5b</b>	<b>Further information about the applicant</b>					
5.11	Date of birth					

<b>6</b>	<b>Premises to be licensed</b>					
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6.1	Name of premises/trading name		
6.2	Address of premises		
6.3	Telephone number of premises		
6.4	Email address		
6.5	Do you have planning permission for this business use.	Yes/No	

<b>7</b>	<b>Accommodation and facilities</b>		
7.1	Details of the quarters used to accommodate animals, including number, size and type of construction		
7.2.	Exercise facilities and arrangements		
7.3	Heating arrangements:		
7.4	Method of ventilation of premises		
7.5	Lighting arrangements (natural & artificial)		
7.6	Water supply		
7.7	Facilities for food storage & preparation		
7.8	Arrangements for disposal of excreta, bedding and other waste material		
7.9	Isolation facilities for the control of infectious diseases		
7.10	Fire precautions/equipment and arrangements in the case of fire		
7.11	Do you keep and maintain a register of animals?	Yes/No	
7.12	How do you propose to minimise disturbance from noise?		

<b>8</b>	<b>Veterinary surgeon</b>		
8.1	Name of usual veterinary surgeon		
8.2	Company name		
8.3	Address		
8.4	Telephone number		
8.5	Email address		

<b>9</b>	<b>Emergency key holder</b>		
9.1	Do you have an emergency key holder?	Yes / No	If no, go to 10.1
9.2	Name		
9.3	Position/job title		
9.4	Address		
9.5	Daytime telephone number		
9.6	Evening/other telephone number		
9.7	Email address		
9.8	Is there another key holder?	Yes/No	If yes please include details in the Additional Information section at 12.1

<b>10</b>	<b>Public liability insurance</b>		
10.1	Do you have public liability insurance?	Yes / No	If no, go to question 10.6

	If yes, please provide details of the policy		
10.2	Insurance company		
10.3	Policy number		
10.4	Period of cover		
10.5	Amount of cover		
10.6	Please state what steps you are taking to obtain such insurance		

<b>11</b>	<b>Disqualifications and convictions</b>			
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:			
11.1	Keeping a pet shop?	Yes/No		
11.2	Keeping a dog?	Yes / No		
11.3	Keeping an animal boarding establishment?	Yes/No		
11.4	Keeping a riding establishment?	Yes/No		
11.5	Having custody of animals?	Yes/No		
11.6	Has the applicant, or any person who will have control or management of the establishment, been disqualified or convicted of any offences under the: Animal Welfare Act 2006 Animal Welfare (Scotland) Act 2006 Dangerous Dogs Act 1991 Any other legislation listed in Schedule 8 of the LAIA Regulations 2018	Yes/No		
11.7	Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled?	Yes / No		
11.8	If yes to any of these questions, please provide details			

<b>12</b>	<b>Additional details</b>			
	Please check local guidance notes and conditions for any additional information which may be required			
12.1	Additional information which is required or may be relevant to the application			

## Standard payment and declaration section

<b>13</b>	<b>Payment</b>
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13.1	Payment must be made at the time of making the application	
13.2	Confirm date payment of Part A & Part B fee made and how made e.g. online, include reference number	

<b>14</b>	<b>Statutory Guidance</b>	
	All applicants to tick that they have read the applicable statutory guidance and conditions	
14.1	Selling Animals as Pets	
14.2	Breeding Dogs	

<b>15</b>	<b>Additional Information</b>	
	Please attach the following Information	
15.1	A plan of the premises	
15.2	Insurance policy	
15.3	Standard Operating procedures	
15.4	Emergency Response Plan	
15.5	Infection Control Procedure	
15.6	Qualifications	
15.7	Training records	
15.8	Other documents may be required specific to the type of activity	

<b>16</b>	<b>Declaration</b>	
16.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.	
16.2	<p>I am aware of the provisions of the relevant Act, Regulations and Statutory Guidance. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.</p> <p>I understand that a person authorised by the Council will inspect the premises before a licence is issued. I understand that a person authorised by the council may inspect the premises either by appointment or unannounced at any reasonable time.</p> <p>I understand that a person authorised by the council may take photographs or video footage whilst carrying out inspections or visits to the premises.</p> <p>I am aware that a fee is payable for this licence application.</p> <p>I accept that all veterinary fees incurred in respect to the licence application will be recoverable at cost.</p> <p>I accept that in the event of my application being refused or I withdrawn it, I will not be refunded the Part A application fee, or veterinary fee or any part thereof under any circumstances.</p> <p>I apply under the above legislation for a licence to carry on the activity of <b>Dog Breeding</b> at the above premises.</p>	
16.3	Ticking this box indicates you have read and understood the above declaration	

<b>17.</b>	<b>Signature section</b>	
	The details in the application form and any attached documentation are correct to the best of my knowledge and belief.	

Signature..... Print Name.....

Capacity..... Date.....

Address to be used for correspondence

.....  
.....

Post Code.....

The application should be returned with the application fee to:

London Borough of Hammersmith and Fulham,  
Food and Safety Team  
Hammersmith Town Hall  
King Street  
London W6 9JU  
[foodandsafety@lbhf.gov.uk](mailto:foodandsafety@lbhf.gov.uk)

**How to Make Payment:**

Cheques are to be made payable to the London Borough of Hammersmith and Fulham.  
For payment by Credit or Debit card contact the Licensing Technical Support (Food and Safety Team) on 020 8753 1081. If paying by BACS please make payment to:

Name on account:	London Borough of Hammersmith & Fulham
Sort Code	60 50 06
Account Number:	1140 2598
Bank:	Natwest (Hammersmith Branch)