

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

Application for a licence to operate a riding establishment

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

This box is for office use only.

Licence number

Date Received Fee Paid £ Chq / debit card/ credit card / BAC's

2020 8753 1081

Solution for a riding establishment licence.

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

1	Applicant Details					
	State the capacity in	which you are	applying			
Individuals or Individuals			please complete (Sectio	n A)		
A comp	bany		please complete (Sectio	n B)		
SECTIO	SECTION A. To be completed ONLY if you are applying as an individual(s)					
Title		□Mr	□Mrs	Miss	Other (please state)	
Surnam	ne					
Forena	mes					
Full Ho	me Address					
Contac	Contact Details					
Daytim						
	(optional)					
Email (optional)					



Additional individual ap	oplicant				
Title		□Mr	Mrs	Miss	Other (please state)
Surname					
Forenames					
Home Address					
Contact Details					
Daytime					
Mobile (optional)					
E-mail (optional)					
B. To be completed ONLY	if you are	applying as a	Company		
Company Name					
Full Address					
Description of company					
i.e. limited or partnership					
Company Number	1				
Telephone Number					
E-mail (optional)					

2	Type of Application				
2.1	Type of Application	New	Renewal	If new, go to 2.3	
2.2	Existing licence number				
	Further information about the applicant				
2.3	Date of birth				

3	Establishment to be licensed			
3.1	Name of premises/trading name			
3.2	Address of premises			
3.3	Telephone number			
3.4	Email address			
3.5	Is the establishment open throughout the ye	ear?	Yes / No	



3.6	When is it normally open?		
3.7	Do you have planning permission for this business use.	Yes/No	

4	Accommodation and facilities		
	Please describe the accommodation av	vailable for horses:	
4.1	Stalls (please give the number)		
4.2	Boxes (please give the number)		
4.3	Covered yard (please give dimensions)		
4.4	Open yard (please give dimensions)		
	Please describe the land available for:		
4.5	Grazing		
4.6	Instructing or demonstrating		
4.7	Exercise		
	Please describe the accommodation av	vailable for:	
4.8	Forage and bedding		
4.9	Equipment and saddlery		
	Please describe the arrangements in pl	ace for:	
4.10	Water supply and watering horses		
4.11	Disposal of animal waste		
4.12	Protection of horses in event of a fire, and fire precautions		

5	Horses			
5.1	How many horses are kept under the terms of the Act at the present time?			
5.2	How many horses is it intended to keep under the terms of the Act during the year?			
	Please provide details of all the horses cu	rrently kept		
5.3	Name of horse			
5.4	Description including size			
5.5	Sex			
5.6	Age			
5.7	Horse passport number			
5.8	Purpose for which horse is kept			
5.9	Age range of people who ride this horse			
5.10	Add another horse?	Yes/No	If yes, repeat 5.3 to 5.9	

6	Management of the establishment		
6.1	1 Name & Address of the manager/person with direct control of the establishment		
6.2	Does the manager have any of the following certificates? (tick all that apply)		
	Assistant Instructor's Certificate of the British Horse Society		
	Intermediate Instructor's Certificate of the British Horse Society		



	Instructor's Certificate of the British Horse Society	
	Fellowship of the British Horse Society	
	Fellowship of the Institute of the Horse	
	None of the above	
6.3	Please give details of the manager's experience in the management of horses	
6.4	Does a responsible person live at the establishment?	Yes / No
6.5	What are the arrangements in the event of an emergency?	
6.6	Will a person who is under 16 years of age be left in charge of the establishment at any time?	Yes / No
6.7	Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?	Yes / No

7	Veterinary surgeon	
7.1	Name of usual veterinary surgeon	
7.2	Company name	
7.3	Address	
7.4	Telephone number	
7.5	Email address	

8	Public liability insurance					
8.1	Do you have public liability insurance?	Yes / No	If no, go to ques	tion 8.9		
	If yes, please provide details of the policy					
8.2	Insurance company					
8.3	Policy number					
8.4	Period of cover					
8.5	Amount of cover (£m)					
	Does this policy:					
8.6	Insure against liability for any injury sustaine for riding and those who use a horse in the oprovided by you in return for payment?			Yes / No	If yes to	
8.7	Insure against liability arising out of such hire	e or use of a horse?		Yes / No	all, go to 9.1	
8.8	Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use?		Yes / No			
8.9	Please state what steps you are taking to obtain such insurance					

9	Disqualifications and convictions	
	Has the applicant, or any person who will have control or management of the establishment, ever been	
	disqualified from:	



9	Disqualifications and convictions		
9.1	Keeping a pet shop?	Yes/No	
9.2	Keeping a dog?	Yes / No	
9.3	Keeping an animal boarding establishment?	Yes/No	
9.4	Keeping a riding establishment?	Yes/No	
9.5	Having custody of animals?	Yes/No	
9.6	Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under the Animal Welfare Act 2006?	Yes/No	
9.7	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	
9.8	If yes to any of these questions Please provide details,		

10	Additional details		
	Please check local guidance notes and conditions for any additional information which may be required		
10.1	Additional information which is required or may be relevant to the application		

11 Declaration and signature section			
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:			
How to Make Payment:			
Cheques are to be made			
London Borough of Hammersmith and Fulham,			
Food and Safety Team			
Hammersmith Town Hall			
King Street			
London W6 9JU			



payable to the London Borough of Hammersmith and Fulham. (see our website for the most up to date fees and charges <u>www.lbhf.gov.uk</u>

For payment by Credit or Debit card contact the Licensing Technical Support on 020 8753 1081. If paying by BACS please make payment to:

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