

APPLICATION FOR THE GRANT OF AN ANIMAL WELFARE LICENCE

IN ACCORDANCE WITH

THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) (ENGLAND) REGULATIONS 2018

- Please familiarise yourself with our terms and conditions before completing this application
- It is an offence to give false information all questions must be answered.
- An application will not be deemed valid unless the Licensing Authority receives a completed and signed application form, and the relevant fee.
- Before an application can be determined, an inspection must be conducted.
- Please ensure you tick the checklist to ensure you provide the necessary information to support your application.
- You may only apply for one licence with one or more licensable activities per application form. If you run or intend to run more than one establishment, you must complete a separate application form for each location.

LICENSABLE ACTIVITY				
Please indicate the type(s) of animal welfare activity you wish to apply for:				
Providing or arranging boarding for:		Maximum number of animals requested:		
Cats				
Dog kennels				
Home boarding for dogs				
Dog day care				
Dog breeding				
Pet shop				
Hiring of horses – riding and/or instruction				
Keeping or training of animals for exhibition				

Section 1 - Applicant and supervision details **APPLICANT DETAILS** 1. Surname: 2. Forename(s) 3. Current registered address: Postcode: 5. Telephone: 4. Date of birth: 6. Mobile: 7. Email: 8(a). Are you permitted to work in the UK? Yes No 8(b). Are there any restrictions? Yes ☐ (If yes, please detail them below) No Nd **2 APPLICANT DETAILS** 10. Forename(s) 9. Surname: 11. Current registered address: Postcode: 12. Date of birth: 13. Telephone: 14. Mobile: 15. Email: 16(a). Are you permitted to work in the UK? Yes No 16(b). Are there any restrictions? Yes ☐ (If yes, please detail them below) No

LIMITED COMPANY OR LIMITED LIABILITY PARTNERSHIP DETAILS			
17. Ltd Company/LLP name:			
18. Current registered address of Ltd Company/LLP	:		
Postcode:			
19. Ltd Company/LLP registration number:			
20. Mobile:	21. Telephone:		
22. Email:			

23. Director/ Partner/Company Secretary names: (please indicate all persons registered with Companies House, in the order you would like us to contact you)					
Name:	Address:				
Name:	Address:				
Name:	Address:				
Name:	Address:				
M	ANAGEMENT / SUPERVIS	SION			
24. Please state the name of the the animals kept in accordance		nsibility for the day to day welfare of			
25. Please state if this person hol	ds any of the following qualification	ns:			
Assistant Instructor's Cert	ificate of the British Horse Society	☐ Instructor's			
Certificate of the British Horse So	ciety				
Fellowship of the British H	orse Society Fellowsh	ip of the Institute			
_	ds (animal welfare related) *	1			
of the Horse - City & Guild	as (aniinai wellale lelateu)	1			
BTEC (animal welfare rela	ated) *	evant (animal			
welfare related) *					
*Please provide details of the qualific	eation below:				
26 Please also provide informati	on on this person's animal welfare	experience.			
20. I loude also provide illiorinati	on on the person out mind we hare	охронопос.			
EMPLOYEES					
27. Please provide the details of the number of staff working at the premises, their job title (i.e. kennel hand), and any animal welfare related qualifications or training they have received:					
Name	Job title	Qualifications/training received			
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	RELEV	/ANT C	CON	VICT	ONS			
RELEVANT CONVICTIONS 28. Please indicate whether the applicant, or responsible persons listed have been convicted of an offence* under, or are under investigation for any offence, or have a pending prosecution under any of the following: (If yes, please give details and continue on a separate sheet if needed)								
Animal Boarding E	stablishments Act 1	963:		Yes		No		
Animal Welfare Act 200	06:		Yes		No			
Animal Health and	Welfare (Scotland)	Act 2006	;	Yes		No		
Dangerous Wild Anima	ls Act 1976		Yes		No		Breeding	of
Dogs Act 1973:		Yes		No				
Pet Animals Act 19	51:			Yes		No		
Protection of Animals (Amendment) Act 1954: Yes No								
Riding Establis	shments Act 1964:	Dangero	us Do	gs Act	1991:			Yes
Yes □□	No No □							
Dogs (Northern Ireland) Order 1983:				Yes		No		
Performing Animals (Regulation) Act 1925:				Yes		No		
Protection of Animals Act 1911:			Yes		No			
Welfare of Animals Act (Northern Ireland) 2011:			:	Yes		No		
* Do not supply the details of any convictions which are considered spent for the purposes of the Rehabilitation of Offenders Act 1976.								
Name of Individual	Offence		Da	ate of C	Convic	tion	Se	entence

	REVOC	ATIONS				
29. Please indicate whether the (If yes, please give details and	e applicant has had a	iny of the fo	llowing	permiss	ions rev	voked:
English animal welfare	licence:		Yes		No	
Welsh dog breeding licence:		Yes	Ц	No		
Welfare of wild animals in	a travelling circus lice	ence Yes		No		
Welfare of racing greyhounds I	icence	Yes		No		
Please provide details of the re	vocation below:					
Section 2 – Premises and tra	ding details					
	RADING NAME	E AND A	DDRE	SS		
30. Please state your trading n	ame:					
31. Current trading address:						
Postcode:						
INCLIDANCE (L	liring of Horses	and Do	rform	ina A	nimal	e only)
INSURANCE (Hiring of Horses and Performing Animals only) 32. Please provide details of any public liability insurance held which covers you for the licensable activity you wish to conduct:						
33. If no insurance is currently held, please state what steps you are taking to ensure that this requirement will be in place should your licence be granted:						

TYPE OF ANIMALS (Pet Shops and Performing Animals only)

34. Please state the type and number of each s	species you intend to accommodate:			
\/ETEDINAD\/	ADDANCEMENTO			
35. Please provide the details of any veterinary	ARRANGEMENTS practice(s) you are registered with:			
Name:	Name:			
Turno.	rume.			
Address:	Address:			
Postcode: Phone: Postcode: Phone: WASTE REMOVAL 36. Please provide the details of how you intend to remove waste from the licensable activity you plan to conduct:				
37. Please provide details of any waste permits held:				
38. Please provide the details of the person to contact in the case of an emergency. This person must always be within a reasonable travel distance of the premises:				
Name:				
Phone:	Mobile:			
SUPPORTING DOCUMENTS CHECKLIST 1. Proof of insurance (hiring of horses and				
performing animals only	Enclosed: To follow:			
Proof of relevant qualification(s) (hiring of horses only)	Enclosed: ☐ To follow: ☐			

3. Written emergency plan (paragraph 10(1) of schedule 2 of the regulations).	Enclosed: ☐ To follow: ☐				
4. Written training policy for all staff (paragraph 4(3) of schedule 2 of the regulations).	Enclosed: ☐ To follow: ☐				
 Written procedures demonstrating how the accommodation and equipment will be cleaned and maintained (paragraph 5 of schedule 2 of the regulations). 	Enclosed: To follow:				
6. Fee	Enclosed:				
Note: Please refer to our website - <u>Animal</u> <u>Welfare Licensing</u> for further details					
DATA PROT	ECTION ACT 1998				
allows it to process personal data in performing its lawful business. Information held by the Council, including personal data you provide now or in the future, will be processed in compliance with data protection principles. Your personal data may be used to manage, monitor, improve and promote the Council's services. Where delivery of services or actions is in partnership with others, or dependent on the actions of others, it may also be shared with other persons or bodies in accordance with and restricted to the terms of information sharing agreements and protocols. To protect public funds, it may also be shared with other persons or bodies to prevent and detect fraud. Further details are available on the Council's website https://www.lbhf.gov.uk/councillors-and-democracy/data-and-information/hf-privacy-notice . If you have concerns about the processing of your personal data by the Council you may contact https://www.lbhf.gov.uk/councillors-and-democracy/data-and-information/your-data-rights-who-contact-if-you-re-unhappy					
DECLARATION					
I hereby declare that I fully understand, have read and checked the details and questions on all pages of this application form, and the foregoing statements are true. I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation, or fails to disclose information in order to obtain an animal welfare licence. I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above Act which may result in the refusal of this licence application and any subsequent licence applications for a period of one to three years. I am also aware that any licence granted as a result of breaching the above Act will be immediately revoked, and that a refusal or revocation decision is not reliant on a formal conviction under the above Act being secured.					
I understand that the Licensing Authority may consult other agencies about the suitability of any person named as the applicant on this application.					
I understand that the purpose of the sharing of this data is to ensure that the applicant is a suitable person for the purpose of being responsible for animals kept under the authority of the relevant legislation. I also understand that the sharing of information may extend to sensitive personal data, such as data about any previous related criminal offences.					
Signed by or on behalf of the applicant					
Signed (by the applicant):Date:					
	Capacity:				