

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

Application for a licence to operate an animal boarding establishment

| This form should be fully completed, signed | |
|---|--|
| and sent to: | This box is for office use only. |
| Hammersmith & Fulham Council | Licence number |
| London Borough of Hammersmith and Fulham, | Date Received |
| Food and Safety Team | Fee Paid £ |
| Hammersmith Town Hall | Chq / debit card/ credit card / BAC's |
| King Street | |
| London W6 9JU | |
| | |

I/we hereby apply to the London Borough of Hammersmith and Fulham for a licence to keep an Animal Boarding Establishment

2 020 8753 1081

☐ foodandsafety@lbhf.gov.uk

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 whi | ch you are a | pplying | | | |
| | | | | | | |
| Individ | uals or Individuals | | please complete (Sec | ction A) | | |
| A comp | pany | | please complete (Section B) | | | |
| SECTIO | N A. To be completed O | NLY if you are | applying as an individ | ual(s) | | |
| Title | | □Mr | □Mrs | □Miss | ☐Other (please state) | |
| Surnam | ne | | | | | |
| Forena | mes | | | | | |
| Full Ho | me Address | • | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Contac | ct Details | | | | | |
| Daytim | | | | | | |
| | (optional) | | | | | |
| Email (| optional) | | | | | |



| Additional individual applicant | | | | | | | | | | | |
|---------------------------------|--|------------|-------------|------------|----------------|----------------|--------|------|-----|---------------------|--|
| Title | | | □Mr | | Mrs | | □Mis | SS | □o₁ | ther (please state) | |
| Surnan | ne | | | | | | | | | | |
| Forena | mes | | | | | | | | | | |
| Home A | Address | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Contac | ct Details | | | | | | | | | | |
| Daytim | e | | | | | | | | | | |
| | (.: D | | | | | | | | | | |
| Mobile | (optional) | | | | | | | | | | |
| E-mail | (optional) | | | | | | | | | | |
| В. | To be completed ONLY | if vou are | annlying as | a Compa | nv | | | | | | |
| J. | - To be completed one. | , | | - и соттра | - 7 | | | | | | |
| Compa | ny Name | | | | | | | | | | |
| Full Ad | duana | | | | | | | | | | |
| Full Ad | uress | | | | | | | | | | |
| | | | | | | | | | | | |
| Descrip | tion of company | | | | | | | | | | |
| i.e. limi | ted or partnership | | | | | | | | | | |
| | N. I | | | | | | | | | | |
| Compa | ny Number | | | | | | | | | | |
| Teleph | one Number | | | | | | | | | | |
| E-mail | (optional) | | | | | | | | | | |
| | (Op 11011a1) | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Type of Application | | | | | | | | | | |
| 2.1 | Commercial | | Home | | | _ | | | | | |
| 2.2 | Boarding Type of Application | | Boarding | New | Day | Care | Rene | awal | | | |
| 2.3 | | or | | INCW | | | IXCIIC | zwai | | | |
| 2.3 2a | Existing licence number Animals to be accommodated | | | | | | | | | | |
| Za | Animals to be accommodated Animals to be accommodated | | | | | | | | | | |
| 2.4 | Cats | | | Yes/No | | Maximum number | | | | | |
| 2.5 | Dogs | | | Yes/No | Maximum number | | | | | | |
| 2b | Further information a | about th | e applican | | | | | | | | |
| 2.6 | Date of birth | | | | | | | | | | |



| 3 | Premises to be licensed | | | | |
|------|--|-------|----------|-------------------------------------|---|
| 3.1 | Name of premises/trading name | | | | |
| 3.2 | Address of premises | | | | |
| 3.3 | Telephone number of premises | | | | |
| 3.4 | Email address | | | | |
| 3.5 | Do you have planning permission for this business use. | Yes/I | No | | |
| 4 | Accommodation and facilities | | | | |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction | | | | |
| 4.2. | Exercise facilities and arrangements | | | | |
| 4.3 | Heating arrangements: | | | | |
| 4.4 | Method of ventilation of premises | | | | |
| 4.5 | Lighting arrangements (natural & artificial) | | | | |
| 4.6 | Water supply | | | | |
| 4.7 | Facilities for food storage & preparation | | | | |
| 4.8 | Arrangements for disposal of excreta, bedding and other waste material | | | | |
| 4.9 | Isolation facilities for the control of infectious diseases | | | | |
| 4.10 | Fire precautions/equipment and arrangements in the case of fire | | | | |
| 4.11 | Do you keep and maintain a register of animals? | Yes | s/No | | |
| 4.12 | How do you propose to minimise disturbance from noise? | | | | |
| 5 | Veterinary surgeon | • | | | |
| 5.1 | Name of usual veterinary surgeon | | | | |
| 5.2 | Company name | | | | |
| 5.3 | Address | | | | |
| 5.4 | Telephone number | | | | |
| 5.5 | Email address | | | | |
| 6 | Emergency key holder | | | | |
| 6.1 | Do you have an emergency key holder? | Yes / | No | If no, go to 7.1 | |
| 6.2 | Name | | | | |
| 6.3 | Position/job title | | | | |
| 6.4 | Address | | | | |
| 6.5 | Daytime telephone number | | | | |
| 6.6 | Evening/other telephone number | | | | |
| 6.7 | Email address | | | | |
| 6.8 | Add another person? | Yes / | No | If yes, 6.2 to 6.8 will be repeated | |
| | Public liability insurance | | | 14 | |
| 7.1 | Do you have public liability insurance? | | Yes / No | If no, go to question 7.6 | |
| 7.0 | If yes, please provide details of the policy | | | | - |
| | Insurance company | | | | |
| + | Policy number | | | | |
| - | Period of cover | | | | |
| 7.5 | Amount of cover (£m) | | | | |



| 7.6 | Please state what steps you are taking | | | | |
|---|---|------------------------|--------------------------|--|--|
| | to obtain such insurance | | | | |
| 8 | Disqualifications and convictions | | | | |
| | Has the applicant, or any person who will have control or m disqualified from: | nanagement of the e | establishment, ever been | | |
| 8.1 | Keeping a pet shop? | Yes/No | | | |
| 8.2 | Keeping a dog? | Yes / No | | | |
| 8.3 | Keeping an animal boarding establishment? | Yes/No | | | |
| 8.4 | Keeping a riding establishment? | Yes/No | | | |
| 8.5 | Having custody of animals? | Yes/No | | | |
| 8.6 | 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 | | | |
| 8.7 | 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 | | | |
| 8.8 | If yes to any of these questions, please provide details, | | | | |
| 9 | Additional details | ditional information | which was the was stined | | |
| | Please check local guidance notes and conditions for any ad | ditional information | which may be required | | |
| 9.1 | Additional information which is required or may be relevant to the application | | | | |
| 10 | Standard declaration and signature section | | | | |
| | letails in the application form and any attached documentation are of the state of | correct to the best of | | | |
| Capacity Date | | | | | |
| Address to be used for correspondence | | | | | |
| 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 | | | | | |
| | | | | | |
| | 511 VVO 330 | | | | |
| | 511 VVO 330 | | | | |



How to Make Payment:

Cheques are to be made payable to the London Borough of Hammersmith and Fulham.

Please check our website for the most up to date fee www.lbhf.gov.uk

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: London Borough of Hammersmith & Fulham

Sort Code 60 50 06 Account Number: 1140 2598

Bank: Natwest (Hammersmith Branch)