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

Application for a licence to operate a dog breeding establishment

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

Type of Application

| 1.1 | Type of Application | New | Renewal | | |
|-----|---|--------|--|----------------------------|--|
| 1.2 | Existing licence number | | | | |
| | | 1 | | | |
| 2 | Agent | | | | |
| 2.1 | Are you an agent acting on behalf of the applicant | yes | No | If no go to 3 | |
| 2.2 | Name | | | | |
| 2.3 | Address | | | | |
| 2.4 | Email | | | | |
| 2.5 | Main telephone number | | | | |
| 2.6 | Other telephone number | | | | |
| _ | | | | | |
| 3 | Applicant details | 1 | | | |
| 3.1 | Name (Please list names of all applicants) | | | | |
| 3.2 | Name that you wish your boarding establishment to be known as (this will be the name that is put on the licence and also our website) | | | | |
| 3.3 | Applicant(s) date(s) of birth – (Please give DOB for all applicants) | | | | |
| 3.4 | Address of each applicant | | | | |
| 3.5 | Email for each applicant | | | | |
| 3.6 | Main telephone number | | | | |
| 3.7 | Other telephone number | | | | |
| | Please include landlines and mobile numbers for all applicants | | | | |
| 3.8 | Do you have planning permission for this business use? | Yes/No | | | |
| 3.9 | Is the premises rented? | Yes/No | If yes has permise the landlord Yes/l | sion been granted by No | |
| | | • | • | | |

| 3 | Applicant details | | | | |
|------|---|---|----|--|--|
| 3.10 | Applying as a business or organisation, including a sole trader | Yes (if you have ticked this box please complete part 4 | No | | |
| 3.11 | Applying as an individual | Yes | No | | |

| 4 | Applicant details Business | | | | | | |
|------|--|-----|--------|--------------|------|-------------------|--|
| 4.1 | Is your company registered with companies house | yes | | No | | | |
| 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 full address of where your head office is located. | | | | | | |
| | Business Address – This should you by law to receive all commu | | cial a | address – Th | e ad | dress required of | |
| 4.8 | Building name or number | | | | | | |
| 4.9 | Street | | | | | | |
| 4.10 | District | | | | | | |
| 4.11 | City or Town | | | | | | |
| 4.12 | County or administrative area | | | | | | |
| 4.13 | Post Code | | | | | | |
| 4.14 | Country | | | | | | |

| 5 | Animals to be accommodated | | | | | | | | | | |
|-----|---------------------------------|------------|-----------|-------------|----------|--|-------------------------------------|-------------------------------------|--|--------------------|--|
| 5.1 | Wholly Indoors | | Wholly o | outdoors | | | Combination of outdoors and indoors | | | | |
| 5.2 | Bitches – Plea and name of e | | | Age or date | of birth | | Owned by the applicant | Co- owned by the applicant | | n eeding rms | |
| 5.3 | Number of stu | ds kept | | | | | | | | | |
| 5.4 | Studs – Pleas | e list bro | eed and n | ame of each | one | | | | | | |

| 6 | Accommodation and facilities (pleased and include in the application if the | | | | |
|------|---|---------|----------|-------|--|
| 6.1 | Type of accommodation | Indoors | Outdoors | Mixed | |
| 6.2 | Number of each type of accommodation | | | | |
| 6.3 | Details of construction of each type of accommodation | | | | |
| 6.4 | Sizes of each type of accommodation | | | | |
| 6.5 | Heating arrangements: | | | | |
| 6.6 | Method of ventilation of premises | | | | |
| 6.7 | Lighting arrangements (natural & artificial) | | | | |
| 6.8 | Exercise facilities and arrangements | | | | |
| 6.9 | Water supply | | | | |
| 6.10 | Facilities for food storage & preparation | | | | |

| 6 | | lease continue on an additional piece of paper there is not enough space in the boxes below) | |
|------|--|--|--|
| 6.11 | Arrangements for disposal of excreta, bedding and other waste material | | |
| 6.12 | Isolation facilities for the control of infectious diseases | | |
| 6.13 | Fire precautions/equipment and arrangements in the case of fire | | |
| 6.14 | How do you propose to minimise disturbance from noise? | | |
| 7 | Votovinovinovi | | |
| 7 | Veterinary surgeon | | |
| 7.1 | Company name | | |
| 7.2 | Name of usual veterinary surgeon | | |
| 7.3 | Address | | |
| 7.4 | Telephone number | | |
| 7.5 | Email address | | |
| | | | |
| 8 | Details of Emergency key holder | | |
| 8.1 | Name | | |
| 8.2 | Position/job title | | |
| 8.3 | Address | | |
| 8.4 | Daytime telephone number | | |
| 8.5 | Evening/other telephone number | | |
| 8.6 | Email address | | |
| 8.7 | Add another person? | Yes / No – Please provide same details as points 8.1-8.6 for each additional person. | |
| | | | |

| 9 | Public liability insurance | | | |
|-----|---|----------|---------------------------|--|
| 9.1 | Do you have public liability insurance? | Yes / No | If no, go to question 9.6 | |
| | If yes, please provide details of the pol | су | | |
| 9.2 | Insurance company | | | |
| 9.3 | Policy number | | | |
| 9.4 | Period of cover | | | |
| 9.5 | Amount of cover (£m) | | | |
| 9.6 | Liability insurance is a requirement for a licence. Please state what steps you are taking to obtain such insurance | | | |

| 10 | Disqualifications and convictions | | | |
|------|--|-----------------|-----------|--|
| | Has the applicant, or any person who will have control establishment, ever been disqualified from: | ol or managemer | nt of the | |
| 10.1 | Keeping a pet shop? | Yes/No | | |
| 10.2 | Keeping a dog? | Yes / No | | |
| 10.3 | Keeping an animal boarding establishment? | Yes/No | | |
| 10.4 | Keeping a riding establishment? | Yes/No | | |
| 10.5 | Having custody of animals? | Yes/No | | |
| 10.6 | 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 | | |
| 10.7 | 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 | | |
| 10.8 | If yes to any of these questions, please provide details, | | | |

| 11 | Additional details | |
|----|---|--|
| | Please use this space to provide any further relevant information | |
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Declaration statement

| 12 | Payment |
|------|--|
| 12.1 | Please DO NOT send in cheques or cash - As soon as we have received your completed |
| | application we will send out an invoice to you. |
| | Invoices will be issued to the applicant unless you advise otherwise. |
| | Invoices should be paid within two weeks of receipt. |
| | Please follow instructions on the reverse of the invoice on how to pay. |
| | |

| 13 | Model Licence Conditions & DEF | RA Guidance Notes |
|------|--|--|
| | All applicants to tick that they have guidance notes | read the applicable model licence conditions & DEFRA |
| 12.1 | Selling of animals | |
| 12.2 | Animal Boarding | |
| 12.3 | Performing Animals | |
| 12.4 | Riding Establishments | |
| 12.5 | The Breeding and Sale of Dogs | |

| | T |
|------|--|
| 14 | Additional Information |
| | You must enclose the following Information/documents with your application |
| 14.1 | A plan of the premises (this can be hand drawn) |
| 14.2 | Current insurance policy |
| 14.3 | Details of all of the puppies you have bred since your current licence was granted. Please include details of mother, father, date of birth and date of sale (include any puppies not sold and the reasons why) |
| 14.4 | Details of qualifications undertaken since last inspection |
| | (include copies of certificates) as per model licence conditions 4.2 |
| | |
| | |
| | |
| 14.5 | Up to date written training policy and training records as per model licence conditions 4.3 |
| 14.6 | Written procedures for the each of the following areas as per model licence condition 9.0 |
| | feeding regimes, |
| | |
| | cleaning regimes, |
| | transportation, |
| | the prevention of, and control of the spread of, disease, |
| | monitoring and ensuring the health and welfare of all the animals, |
| | the death or escape of an animal (including the storage of carcasses); |
| | the care of the animals following the suspension or revocation of the licence or during and |
| | following an emergency |
| 14.7 | Written emergency plan as per condition 10.1 |
| 14.8 | The above are generic documents that are required for all of the licence types. Please read |
| | through the specific model licence conditions and the DEFRA guidance notes for the licence |
| | you applying for as in addition to the above each licence requires specific additional policies, |
| | The second secon |

Please list and send in copies of additional documentation required for the licence you are

documents and consent forms.

applying for.

| Public register | | | |
|--|--|--|--|
| The authority are regularly sent requests for information on animal licenses. This can be | | | |
| from individuals for their own purpose i.e. if they are looking for a business to use and also | | | |
| from businesses under the freedom of information requests for marketing purposes. | | | |
| | | | |
| | | | |
| | | | |
| telephone number on the register or b) your name and first part of your post code only | | | |
| | | | |
| a) b) | | | |
| | | | |
| | | | |
| | The authority are regularly sent requests for information on animal licenses. This can be from individuals for their own purpose i.e. if they are looking for a business to use and also from businesses under the freedom of information requests for marketing purposes. We will be creating a public register to fulfil these requirements. Please indicate whether you wish for a) all of your details including name, full address and telephone number on the register or b) your name and first part of your post code only | | |

| 16 | Declaration | | |
|------|---|--|--|
| 16.1 | This section must be completed by the applicant(s). If you are an agent please ensure this section is completed by the applicant(s). | | |
| 16.2 | I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief. | | |
| 16.3 | Ticking this box indicates you have read and understood the above declaration | | |
| 16.4 | Full Name | | |
| 16.5 | Capacity | | |
| 16.6 | Date | | |

Check list

| 1 | Applicant profile complete | | |
|---|---|--|--|
| 2 | Application forms for each activity undertaken – Please tick forms enclosed | | |
| | Selling of animals | | |
| | Animal Boarding - Commercial boarding / home boarding / day care | | |
| | Performing Animals | | |
| | Riding Establishments | | |
| | The Breeding and Sale of Dogs | | |
| 3 | Additional Information | | |
| | A plan of the premises | | |
| | Current insurance policy | | |
| | List of puppies bred | | |
| | Details of qualifications undertaken since last inspection (including copies of certificates) | | |
| | Up to date written training policy and training records as per condition 4.3 | | |

| | Written procedures for the each of the following areas as per condition 9.0 feeding regimes, cleaning regimes, transportation, the prevention of, and control of the spread of, disease, monitoring and ensuring the health and welfare of all the animals, the death or escape of an animal (including the storage of carcasses); the care of the animals following the suspension or revocation of the licence or during and following an emergency | |
|---|--|--|
| | Written emergency plan as per condition 10.1 | |
| | Copies of additional documentation required for the licence you are applying for | |
| 4 | Declaration statement | |

NB: An application is not complete unless all of the appropriate documentation (as above) and full payment has been received. As per the declaration document we will invoice you accordingly when we have received and assessed your application pack. If you have not received an invoice within 14 days of submitting your application pack please contact us on 01283 508548/508522

PLEASE RETURN COMPLETED FORM AND DOCUMENTS TO:

Environmental Health
East Staffordshire Borough Council
The Town Hall
Burton upon Trent
Staffordshire
DE14 2EB