

Application for an Animal Activity Licence

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



| | |
|-----------------------------|--|
| I am applying for a: | <input type="checkbox"/> New licence <input type="checkbox"/> Renewal of a licence <input type="checkbox"/> Variation to a licence |
|-----------------------------|--|

Please write legibly in **block capitals** and ensure that your answers are inside the boxes and written in **black ink**; all questions **must be** answered, if you have nothing to record please state 'Not applicable' or 'None'. Incomplete applications will not be processed. Before completing, please refer to the DEFRA guidance notes which can be found on our website.

| Section 1: Current licences | | | |
|-----------------------------|--|--------------|--|
| Licence number: | | Expiry date: | |

| Section 2: Agent | |
|--|--------------------------------|
| Are you an agent acting on behalf of the applicant | Yes/No (if no go to section 3) |
| Agent information | |
| Name | |
| Address | |
| Email | |
| Telephone | |

| Section 3: Business details | |
|---|--|
| Trading name (<i>if any</i>): | |
| Full address: (<i>including postcode</i>) | |
| Telephone number(s): | |

| | | | |
|---|---|---|--|
| Email address: | | | |
| Business website (if any): | | | |
| Which licensable activities do you intend to carry out? (tick all that apply and complete the appropriate sections of this form) | | | |
| <input type="checkbox"/> To sell animals as pets (complete schedule one) | | | |
| <input type="checkbox"/> To provide or arranging for the provision of boarding for cats or dogs (complete schedule two) | | | |
| <input type="checkbox"/> To hire out horses (complete schedule three) | | | |
| <input type="checkbox"/> To breed dogs (including where 3 or more litters of puppies in any 12-month period and/or where breeding dogs and advertising a business of selling dogs) (complete schedule four) | | | |
| <input type="checkbox"/> To keep or train animals for exhibition (complete schedule five) | | | |
| Type of premises: | <input type="checkbox"/> Commercial / retail unit | <input type="checkbox"/> Private dwelling | |
| | <input type="checkbox"/> Other (please describe): _____ | | |
| Has the premises been granted planning permission for this use(s) or has it been confirmed that planning permission is not required? | <input type="checkbox"/> Permission granted | <input type="checkbox"/> Permission not granted | <input type="checkbox"/> Permission not required |

Section 4: Applicant(s) details

Part A: Individual applicant

Mr Mrs Ms Other _____

| | | | |
|-----------------------|---|---|--|
| Full name: | | | |
| Home address: | | | |
| Date of birth: | / | / | |
| Daytime phone number: | | | |
| Email address: | | | |

Please provide details of relevant experience, training, certificates or qualifications:

Section 5: Resident animals

How many pet animals are ordinarily resident at the premises, or will otherwise be present during the operation of the business (e.g. owner's pets, animals belonging to staff members)?

| Dogs | Cats | Others (<i>please list</i>) |
|------|------|-------------------------------|
| | | |

Section 5: Management of premises

Please give details of an individual responsible for the management of the premises:
(we will contact this person to arrange the pre-licensing inspection and for any enforcement or compliance issues)

| | |
|---------------------------|--|
| Full name: | |
| Position/title: | |
| Daytime telephone number: | |
| Email address: | |

Section 6: Fire safety

What steps are you taking/do you intend to take to ensure that animals are protected in case of fire or other emergency? (please include a list of any fire prevention/detection equipment which is in operation)

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Please note: All animal businesses are subject to the provisions of the Regulatory Reform (Fire Safety) Order 2005, which requires businesses to take general fire precautions, to carry out a fire safety risk assessment, and if necessary to install fire detection and fire-fighting equipment.

Further information is available at www.gov.uk/workplace-fire-safety-your-responsibilities

Section 7: Disease control

What steps are you taking/do you intend to take to prevent and control the spread of infectious or contagious disease among animals kept at the premises? (please include a list of any quarantine/isolation facilities provided)

Section 8: Veterinary treatment

Please give the details of a veterinary surgeon or practitioner who provides services to this business:

| | |
|-------------------|--|
| Name of vet: | |
| Name of practice: | |
| Address: | |
| Telephone number: | |

Section 9: Security

What steps are you taking/do you intend to take to prevent unauthorised access to the premises (or parts of the premises to which the public are not to be admitted), unauthorised removal of animals, or escape by animals?

Section 10: Waste disposal

What measures are being/will be used for the disposal of waste produced in the course of the business? (this may include soiled bedding materials, empty packaging, food remnants, and animal excreta)

Please note: Waste produced in the course of a business may be considered to be commercial waste which should not be disposed of via domestic waste bins or public litter bins. Where no alternate disposal arrangements are in place businesses should consider contracting a commercial waste carrier to provide this service.

Section 11: Insurance

Please detail any relevant insurance policies held in respect of this business:

| Type (eg. Public liability) | Name of insurer(s): | Amount insured | Policy expiry date |
|-----------------------------|---------------------|----------------|--------------------|
| | | £ | / / |
| | | £ | / / |
| | | £ | / / |

Section 12: Licence conditions

The general and specific conditions for each type of licensable activity are set out in the legislation, which is available to view at <https://www.dover.gov.uk>

Does the accommodation and care you intend to provide satisfy the relevant licence conditions for the licensable activities to be provided? Yes No

If no, please detail any conditions below which you would not be able to satisfy and what steps you intend to take to achieve compliance with these requirements:

Please note: The Council does not have the power to exempt businesses from the statutory conditions. If your business does not comply with any of the requirements your application may be deferred, until such time as you have achieved compliance, or rejected.

Section 13: Offences, disqualifications, etc.

Convictions or cautions which are considered 'spent' under the Rehabilitation of Offenders Act 1974 need not be disclosed.

Has the applicant, or have any of the applicants, or any of the directors/officers of a limited company applicant, or any person who will have control or management of the establishment, ever been disqualified from:

| | |
|--|--|
| Keeping a pet shop | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Keeping a dog | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Keeping an animal boarding establishment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Keeping a riding establishment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Having custody of animals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant (or have any of the applicants, or any of the directors/officers of a limited company applicant) been convicted or cautioned for an offence under the Animal Welfare Act 2006? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant, or any person who will have control or management of the establishment ever had a licence refused, revoked or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of these questions, please provide details:

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Section 14: Enclosures

Please tick to confirm the following documents have been included with this application:

- a scale plan (showing the layout of the premises)
- a copy of relevant insurance policies
- a copy of the operating procedures
- a copy of risk assessments and emergency plans (including fire)
- a copy of the infection control procedure
- a copy of relevant qualifications
- a copy of training records

Section 15: Application fee(s)

Renewal: Payment made as per invoice number _____

Grant: Payment made online or over the telephone. Receipt number _____

Section 16: Declaration and signatures

All applicants must sign this form.

If you are an agent please ensure the applicant completes this section.

I/We hereby apply for a licence to carry out the licensable activities specified above, pursuant to Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 and declare that, to the best of my/our knowledge and belief, the above particulars are true in every respect.

I/We understand that a licence may be refused or revoked if information supplied by the applicant(s) is found to be false or misleading.

I/We understand that the above-mentioned premises will be inspected by an authorised inspector prior to any decision being made in respect of this application and agree to facilitate this.

I/We have read the relevant general and activity-specific licence conditions, available to view at <https://www.dover.gov.uk> and undertake in the event of a licence being granted to observe and adhere to such conditions.

| | | | | | |
|---------|----------------------|-------------|----------------------|-------|----------------------|
| Signed: | <input type="text"/> | Print name: | <input type="text"/> | Date: | <input type="text"/> |
|---------|----------------------|-------------|----------------------|-------|----------------------|

Section 17: Submitting your application

Completed application forms should be submitted, along with supporting documents and payment of the appropriate fee(s) either by:

Post or visiting: Licensing, Dover District Council, Council Offices, White Cliffs Business Park, Whitfield, Dover, Kent CT16 3PJ

Email: licensing@dover.gov.uk

Section 18: Data Protection Privacy Notice – PLEASE READ THIS NOTICE CAREFULLY

Dover District Council is a data controller under General Data Protection Regulation (GDPR), your attention is drawn to our Corporate Privacy Notice available at <https://www.dover.gov.uk/privacy>. This explains how we will use and share your personal information and protect your privacy and rights.

**Schedule One
To sell animals as pets**

Please tick your type of business:

| | | | |
|--------------------------|---|--------------------------|----------------------|
| <input type="checkbox"/> | Pet shop | <input type="checkbox"/> | Wholesales |
| <input type="checkbox"/> | Home sales | <input type="checkbox"/> | Third party sales |
| <input type="checkbox"/> | Internet sales | <input type="checkbox"/> | Hobby sales |
| <input type="checkbox"/> | Sale of animals to the public as pets by means of a fixed or minimum donation | <input type="checkbox"/> | Other (please state) |

Please describe the accommodation being provided for animals, including if it is indoors or outdoors, construction, size, occupancy, temperature, lighting, ventilation, cleanliness, exercise facilities and arrangements, water supply, and food storage and preparation areas. Where multiple types of accommodation are available, please describe each of them. Continue on a separate page if necessary.

Please give details of how you propose to minimise disturbance from noise.

Please give details of the animals which are (or proposed to be) sold:

| Type of animal | Maximum no. stocked | Minimum age at which sold | Details of accommodation |
|-----------------------|----------------------------|----------------------------------|---------------------------------|
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Schedule Two

Providing or arranging boarding for cats or dogs

Please indicate the type(s) of accommodation intended to be provided by the business:

- Boarding for cats
- Boarding in kennels for dogs
- Home boarding for dogs
- Day care for dogs
- Arranging for boarding of Dogs

Please specify the maximum number of animals that you propose to offer boarding for:
(prior to completing the following section, please refer to the statutory conditions relating to accommodation of animals from multiple households and minimum enclosure sizes, conditions, etc.)

| | Maximum Number - Daytime | Maximum Number - Overnight |
|-------------|--------------------------|----------------------------|
| Dogs | | |
| Cats | | |

How many pet animals are ordinarily resident at the premises or will otherwise be present during the operation of the business (eg. owner's pets, animals belonging to staff members)?

| Dogs | Cats | Other (please list) |
|------|------|---------------------|
| | | |

Please describe the accommodation and enclosures being provided for animals, including if it is indoors or outdoors, construction, size, occupancy, temperature, lighting, ventilation, cleanliness, exercise facilities and arrangements, water supply, and food storage and preparation areas. Where multiple types of accommodation are available, please describe each of them. Where enclosures include runs or open areas which may be accessed by animals, please describe these, including details of how the animals will gain access to the enclosures from their accommodation. Continue on a separate page if necessary.

Please give details of how you propose to minimise disturbance from noise.

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| Home boarders only | Ground floor | Other floors |
|---|---------------------|---------------------|
| How many rooms in the premises may be utilised as designated rooms to be accessed only by a single dog? | | |

Designated rooms must include:

- a secure window to the outside that can be opened and closed as necessary;
- a clean, comfortable and warm area for rest and sleep;
- the capability for access to the room by other dogs to be restricted;
- sufficient space for the dog to sit and stand at full height, stretch, wag its tail and walk around without touching the sides, with a clear floor area of at least twice that required for the dog to lay out flat.

(Dogs from a single household may be kept together in a suitably-sized designated room with the written consent of their owner).

**Arranging Boarding for Dogs
ARRANGER'S HOST DETAILS**

You must complete a separate form for every host

| DETAILS OF HOST | | | | |
|--|--------|----------------|--------|--|
| First Name(s): | | | | |
| Surname: | | | | |
| Hosts Trading Name: | | | | |
| Address: | | | | |
| Phone (Home): | | Phone (Mobile) | | |
| Email: | | | | |
| Arranger Trading Name: | | | | |
| Arranger Licence No. (if issued) | | | | |
| ANIMAL TRANSPORTATION | | | | |
| Where required what vehicle will be used for animal transportation | | | | |
| Make and Model | | | | |
| Registration No. | | | | |
| PROVIDING ACCOMODATION FOR DOGS | | | | |
| Number of dogs the host proposes to accommodate at any one time | | | | |
| How many dogs or cats live at the premises (pets)? | Dogs | | Cats | |
| Are children under 16 years old at the premises? | YES/NO | No. present | | |
| WORKING HOURS | | | | |
| Does the host business operate all throughout the year? | | | YES/NO | |
| How many days (estimated) does the host provide boarding? | | | | |
| STAFF (If applicable) | | | | |
| How many staff are at the premises (include family members) involved in the business? | | | | |
| How many staff members are present at any one time? | | | | |
| Will a member of staff be available on site at all times? | | | YES/NO | |
| Are all staff suitably qualified to care for dogs with regard to their health and welfare? | | | YES/NO | |
| ARRANGER INSPECTION (Please note we must inspect all hosts in our district prior to a licence being issued) | | | | |
| What date and time are you intending to visit/inspect the host boarder? | | | | |
| CONSENTS | | | | |
| Have all necessary consents and planning permissions been obtained for the business? | | | YES/NO | |
| DISEASE CONTROL | | | | |
| Where is your host's isolation facility located? | | | | |
| At Host premises (this must be a dedicated space and comply with DEFRA guidance) | | | YES/NO | |

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|---|--------|
| At Vet Practice (Practice name and written confirmation from Vets must be provided) | YES/NO |
|---|--------|

DECLARATION (To be completed by the arranger) – Please sign to confirm acceptance and understanding

- The details contained in Schedule 2 and any attached documentation is correct to the best of my knowledge and belief
- I understand that if there are any wilful omissions, or incorrect statements made, my whole application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.
- I confirm that I have informed the host that the inspecting officer will be allowed access to all of the available rooms and areas within the premises and externally that may be used for boarding purposes and also allowed to take photographs and/or videos of the animals and the premises if required and that they have agreed to this.

| | | | | |
|------------------------------------|--|------------------|--|-------------|
| Name (please print) | | Signature | | Date |
|------------------------------------|--|------------------|--|-------------|

Schedule 3 Hiring out horses

| | | |
|--|-------------------|------------------------------|
| How many horses do you have or intend to keep under the conditions within the terms of the Animal Welfare Regulations 2018? | For Riding | Instruction in riding |
| | | |

| | |
|---|--|
| Normal open hours: | |
| If the riding establishment will only operate for part of the year, please state the period(s) during which it is intended to operate: | |

| | |
|--|--|
| Does a responsible person live at the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will a person who is under 16 years of age be left in charge of the establishment at any time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please give the details of relevant qualification(s) held by the person applying for this licence:

| | |
|-----------------------------|---|
| Qualifications held: | <input type="checkbox"/> Instructor's Certificate of the British Horse Society <input type="checkbox"/> Intermediate Instructor's Certificate of the British <input type="checkbox"/> Horse Assistant Instructor's Certificate <input type="checkbox"/> Fellowship of the British Horse Society <input type="checkbox"/> Fellowship of the Institute of the Horse <input type="checkbox"/> None of the above (<i>please summarise experience in the box below</i>) |
|-----------------------------|---|

| | |
|-----------------------------|--|
| Relevant experience: | |
|-----------------------------|--|

Please detail any qualifications held by other applicants or staff members employed at the premises:

Accommodation and facilities

Please describe the accommodation available for horses:

Number and size of stalls:

Number and size of boxes:

Covered yard:

Open yard:

Please describe the land and/or space available for:

Grazing

Instructing and demonstrating

Exercise

Please describe the accommodation and storage provided for forage, bedding, stable equipment and saddlery:

In the case of any horses maintained at grass, what steps are you taking/do you intend to take to ensure that adequate pasture, shelter and water will be available, and that supplementary feeds will be provided as and when required?

What arrangements are in place in the event of an emergency?

What arrangements are in place to protect horses in the event of a fire and what fire precautions do you have in place?

Insurance – does your policy:

| | |
|--|--|
| Insure against liability for an injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insure against liability arising out of such hire or use of a horse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is there any additional information which is required or may be relevant to this application?

Details of horses to be kept at the premises

Please give the details of any horse which is (or proposed to be) kept at the premises. Please continue on an additional page where necessary.

| Name of horse | Sex (M/F) | Age (in years) | Passport no. | Description (including size, colours and markings) | Purpose for which kept (e.g. riding instruction, let out on hire for riding) | Age range of people who ride this horse |
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Schedule 4
Breeding dogs
(breeding 3 or more litters of puppies in any 12-month period; and/or
breeding dogs and advertising a business of selling dogs)

If dogs bred by the applicant will not be sold directly to members of the public, please describe the arrangements by which dogs bred at this establishment will be sold:

Please describe the accommodation being provided for animals, including if it is indoors or outdoors, construction, size, occupancy, temperature, lighting, ventilation, cleanliness, exercise facilities and arrangements, water supply, and food storage and preparation areas. Where multiple types of accommodation are available, please describe each of them. Continue on a separate page if necessary.

Please give details of how you propose to minimise disturbance from noise.

Please give details of all dogs currently kept by the applicant(s) or otherwise kept at these premises which will be used for breeding purposes. Continue on a separate sheet if necessary.

| Bitches | | | | |
|----------------|----------------------|--------------|--------------------------|-----------------------------------|
| Name | Date of birth | Breed | Microchip details | No. of litters in lifetime |
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| Stud dogs | | | |
|------------------|----------------------|--------------|--------------------------|
| Name | Date of birth | Breed | Microchip details |
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Schedule 5
Keeping or training animals for exhibition

Please provide details of:

| | |
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| • The nature of performances | |
| • Duration of performances | |
| • Any apparatus to be used | |
| • Number of performances in one day | |
| • How the animals will be transported | |
| • Where the animals are kept when not performing or being exhibited | |
| • If it is an encounter, what type and where it will take place | |

Please give details of all animals intended to be kept by the applicant(s) for the above-mentioned purposes. Continue on a separate sheet if necessary.

| Name | Species / Breed | Age | Sex M/F | Purpose / Exhibition type |
|------|-----------------|-----|------------|---------------------------|
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