

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

Application for a licence to provide or arrange for the provision of boarding for cats or dogs

Please complete all the questions in the form.

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

1	Reference number			
1.1	System reference Number (if known)			
1.2	Your reference (if known)			
2a	Agent			
2.1	Are you an agent acting on behalf of the applicant	Yes	No	If no, go to 3.1
2b	Further information about the Agent	T		
2.2	Name			
2.3	Address			
2.4	Email			
2.5	Main telephone number			
2.6	Other telephone number			
		•		
3	Applicant details			
3.1	Name			
3.2	Address			
3.3	Email			
3.4	Main telephone number			
3.5	Other telephone number			
3.6	Are you applying as a business or organisation, including a sole trader	Yes	No	
3.7	Are you applying as an individual	Yes	No	
4a	Applicant Business			
4.1	Is your company registered with companies house	Yes	No	If no, go to 4.3
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 country where your head office is located.			

4b	Business Address – 7 receive all communic		ould be you	ır of	ficial a	ddr	ess – 1	Γhe	addres	s red	quire	ed c	of yo	u by	law 1	to
4.8	Building name or numb	per														
4.9	Street															
4.10	District															
4.11	City or Town															
4.12	County or administrative	e area														
4.13	Post Code															
4.14	Country															
40	Type of Application		,	Δр	plica	ati	on									
1a	Type of Application				 											
1.1	Commercial Boarding		Home Boarding	I		D	ay Car	е								
1.2	Type of Application				New				Renewa	ıl						
1.3	Existing licence number	er (if app	olicable)													
1b	Animals to be accom		· ·													
1.4	Cats			•	Yes/No)	Maxi	mu	m numb	er						
1.5	Dogs			,	Yes/No)	Maxi	mu	m numb	er						
1c	Further information a	bout th	ne applicant													
2.6	Date of birth															
2	Premises to be licens	ed														
2.1	Name of premises/trad	ling nan	ne													
2.2	Address of premises															
2.3	Telephone number of p	remise	s													
2.4	Email address															
2.5	Do you have planning	permiss	sion for						Ve	s/N	n					
2.5	this business use.									3/11						
3	Accommodation and	facilitie	es													
	Details of the quarters	used to)													
3.1	accommodate animals															
3.2.	number, size and type Exercise facilities and a															
3.3	Heating arrangements:		inchis													
3.4	-		200													
3.5	Method of ventilation o															
	artificial)															
3.6	Water supply		41													
3.7	Facilities for food stora	•														
3.8	Arrangements for disposed bedding and other was	te mate	erial													
3.9	Isolation facilities for th infectious diseases	e contr	ol of													
3.10	Fire precautions/equiporarrangements in the ca															
3.11	Do you keep and main animals?	tain a re	egister of						Ye	s/N	0					
3.12	How do you propose to disturbance from noise		ise													

-							
4	Veterinary surgeon						
4.1	Name of usual veterinary surgeon						
4.2	Company name						
4.3	Address						
4.4	Telephone number	r					
4.5	Email address						
5a	Emergency key holder						
5.1	Do you have an emergency key holder?	Yes/No	If no, go to 6.1				
5.2	Name		, ,				
5.3	Position/job title						
5.4	Address						
5.5	Daytime telephone number						
5.6	Evening/other telephone number						
5.7	Email address						
5.8	Add another person?	Yes/No	If no, go to 6.1				
5b	Emergency key holder 2	1000	, 30 to 011				
5.9	Name						
5.10	Position/job title						
5.11	Address						
5.12	Daytime telephone number						
5.13	Evening/other telephone number						
5.14	Email address						
6	Public lightlity incurrence						
O	Public liability insurance						
6.1	Do you have public liability incurance?	Vos/No	If no go to 6.7				
6.1	Do you have public liability insurance?	Yes/No	If no, go to 6.7				
6.1	Do you have public liability insurance? Please provide details of the policy	Yes/No	If no, go to 6.7				
6.2	Please provide details of the policy	Yes/No	If no, go to 6.7				
6.2	Please provide details of the policy Insurance company	Yes/No	If no, go to 6.7				
6.2 6.3 6.4	Please provide details of the policy Insurance company Policy number	Yes/No	If no, go to 6.7				
6.2 6.3 6.4 6.5	Please provide details of the policy Insurance company Policy number Period of cover	Yes/No	If no, go to 6.7				
6.2 6.3 6.4	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£)	Yes/No	If no, go to 6.7				
6.2 6.3 6.4 6.5	Please provide details of the policy Insurance company Policy number Period of cover	Yes/No	If no, go to 6.7				
6.2 6.3 6.4 6.5 6.6 6.7	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance	Yes/No	If no, go to 6.7				
6.2 6.3 6.4 6.5 6.6	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions						
6.2 6.3 6.4 6.5 6.6 6.7	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance						
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6.2 6.3 6.4 6.5 6.6 6.7	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will disqualified from:		gement of the establishment, ever been				
6.2 6.3 6.4 6.5 6.6 6.7	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will indisqualified from: Keeping a pet shop?	nave control or manag	gement of the establishment, ever been Yes/No				
6.2 6.3 6.4 6.5 6.6 6.7 7 7.1 7.2	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will id disqualified from: Keeping a pet shop? Keeping a dog? Keeping an animal boarding establishment Keeping a riding establishment?	nave control or manag	gement of the establishment, ever been Yes/No Yes/No				
6.2 6.3 6.4 6.5 6.6 6.7 7.1 7.2 7.3	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will idisqualified from: Keeping a pet shop? Keeping a dog? Keeping an animal boarding establishmen	nave control or manag	gement of the establishment, ever been Yes/No Yes/No Yes/No				
6.2 6.3 6.4 6.5 6.6 6.7 7 7.1 7.2 7.3 7.4 7.5	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will disqualified from: Keeping a pet shop? Keeping a dog? Keeping an animal boarding establishment Keeping a riding establishment? Having custody of animals? Has the applicant, or any person who will in the policy of the poli	nave control or managet?	gement of the establishment, ever been Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No				
6.2 6.3 6.4 6.5 6.6 6.7 7 7.1 7.2 7.3 7.4	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will disqualified from: Keeping a pet shop? Keeping a dog? Keeping an animal boarding establishment Keeping a riding establishment? Having custody of animals?	t?	gement of the establishment, ever been Yes/No Yes/No Yes/No Yes/No Yes/No				
6.2 6.3 6.4 6.5 6.6 6.7 7 7.1 7.2 7.3 7.4 7.5	Please provide details of the policy Insurance company Policy number Period of cover Amount of cover (£) Please state what steps you are taking to obtain such insurance Disqualifications and convictions Has the applicant, or any person who will disqualified from: Keeping a pet shop? Keeping a dog? Keeping an animal boarding establishment Keeping a riding establishment? Having custody of animals? Has the applicant, or any person who will management of the establishment, been compared to the stablishment, been compared to the stablishment	t? nave control or manage trave control or onvicted of any 06?	gement of the establishment, ever been Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No				

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

7.8

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

Standard declaration section

1	Model Licence Conditions & Guidance				
	All applicants to tick that they have read the applicable model licence conditions & guidance				
1.1	Pet Vending				
1.2	Animal Boarding				
1.3	Performing Animals				
1.4	Riding Establishments				
1.5	The Breeding and Sale of Dogs				

2	Additional Information
	Please attach the following Information
2.1	A plan of the premises
2.2	Insurance policy
2.3	Operating procedures
2.4	Risk Assessments (including Fire)
2.5	Infection control procedure
2.6	Qualifications
2.7	Training records

3	Declaration
3.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.
3.2	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.

Teignbridge District Council are committed to ensuring that your privacy is protected by adhering to the EU General Data Protection Regulation (GDPR). Your personal identifiable information provided will be used by us solely for the purpose of processing your application and contacting you regarding this. The data will also be shared with a veterinary surgeon on the basis that it is a performance of our statutory duty. Otherwise your personal information will not be disclosed to anybody outside of Teignbridge District Council without your permission unless there is a lawful reason to do so, for example disclosure is necessary for crime prevention or detection. The data will be stored and retained in accordance with our full privacy policy at www.teignbridge.gov.uk/privacy

3.3	I/We agree for my/our business details District Council website. YES / NO	to be added to a register that is available on Teignbridge
3.4	Signing this box indicates you have read and understood the above declaration	
3.5	Full Name	
3.6	Capacity	
3.7	Date	