

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

Application for a licence to sell animals as pets

Please complete all the questions in the form.

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

Reference number

System reference Number (if known)

1.1

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			
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	<u> </u>		
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	<u> </u>		
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 – This should be your receive all communication	official addre	ss – T	he address re	quired	l of you by law to
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					
	A	pplicatio	n			
1	Type of Business					
1.1	Pet Shop					
1.2	Home Sales					
1.3	Internet Sales					
1.4	Wholesales					
1.5	Third Party Sales					
1.6	Hobby Sales					
1.7	Sale of animals to the public as pets by means of a fixed or minimum donation					
1.8	Other please state					
2	Type of Application					
2.1	Type of Application	New		Renewal		If new, go to 2.3
2.2	Existing licence number					
2b	Further details about the applicant					
2.3	Do you have any training certificates or qualifications?	Yes / No			If no	, go to 2.5
	'					
2.4	Please provide details of training certificates and qualifications					
2.4	Please provide details of training certificates and qualifications Please provide details of relevant experience					
	Please provide details of training certificates and qualifications Please provide details of relevant					
2.5	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth					
2.5 2.6	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed					
2.5 2.6 3 3.1	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name					
2.5 2.6 3 3.1 3.2	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises					
2.5 2.6 3 3.1 3.2 3.3	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises					
2.5 2.6 3 3.1 3.2 3.3 3.4	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address					
2.5 2.6 3 3.1 3.2 3.3	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use.			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities Number and size of rooms to be used			Yes/N	0	
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2.5 2.6 3 3.1 3.2 3.3 3.4 3.5 4 4.1 4.2 4.3	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities Number and size of rooms to be used Heating arrangements Method of ventilation of premises			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5 4 4.1 4.2 4.3 4.4	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities Number and size of rooms to be used Heating arrangements Method of ventilation of premises Lighting arrangements (natural & artificial)			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5 4 4.1 4.2 4.3 4.4 4.5	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities Number and size of rooms to be used Heating arrangements Method of ventilation of premises Lighting arrangements (natural & artificial) Water supply			Yes/N	0	
2.5 2.6 3 3.1 3.2 3.3 3.4 3.5 4 4.1 4.2 4.3 4.4	Please provide details of training certificates and qualifications Please provide details of relevant experience Date of birth Premises to be licensed Name of premises/trading name Address of premises Telephone number of premises Email address Do you have planning permission for this business use. Accommodation and facilities Number and size of rooms to be used Heating arrangements Method of ventilation of premises Lighting arrangements (natural & artificial)			Yes/N	0	

4.8	Isolation facilities for the control of infectious diseases		
4.9	Fire precautions/equipment and arrangements in the case of fire		
4.10	Do you keep and maintain a register of animals?	Yes / No	
4.11	When the premises is closed what arrangements are in place to ensure the welfare of animals?		

5	Animals to be sold				
	Please provide details of the animals to be sold				
	Туре		Maximum Number	Details of accommodation including size	Age at which to be sold
5.1	Dogs / puppies	Yes/No			
5.2	Cats /kittens	Yes/No			
5.3	Chipmunks	Yes/No			
5.4	Rabbits & cavies	Yes/No			
5.5	Hamsters	Yes/No			
5.6	Rats, mice & gerbils	Yes/No			
5.7	Larger domesticated mammals, e.g. goats, pot-bellied pigs	Yes/No			
5.8	Primates e.g. marmosets	Yes/No			
5.9	Parrots, parakeets and macaws	Yes/No			
5.10	Pigeons	Yes/No			
5.11	Other large birds (please specify)	Yes/No			
5.12	Budgerigars, finches and other small birds	Yes/No			
5.13	Tortoises	Yes/No			
5.14	Snakes and lizards	Yes/No			
5.15	Tropical fish	Yes/No			
5.16	Marine fish	Yes/No			
5.17	Cold water fish	Yes/No			
5.18	Any other species (please specify)	Yes/No			

6	Veterinary surgeon	
6.1	Name of usual veterinary surgeon	
6.2	Company name	
6.3	Address	
6.4	Telephone number	
6.5	Email address	

8a	Emergency key holder		
8.1	Do you have an emergency key holder?	Yes/No	If no, go to 9.1
8.2	Name		
8.3	Position/job title		
8.4	Address		
8.5	Daytime telephone number		
8.6	Evening/other telephone number		
8.7	Email address		
8.8	Add another person?	Yes/No	If no, go to 9.1
8b	Emergency key holder 2		
8.3	Name		
8.4	Position/job title		
8.5	Address		
8.6	Daytime telephone number		
8.7	Evening/other telephone number		
8.8	Email address		
	B: 1161 41 1 1 41		

9	Disqualifications and convictions		
	Has the applicant, or any person who will have control or mar disqualified from:	nagement of the establishment, ever been	
9.1	Keeping a pet shop?	Yes/No	
9.2	Keeping a dog?	Yes/No	
9.3	Keeping an animal boarding establishment?	Yes/No	
9.4	Keeping a riding establishment?	Yes/No	
9.5	Having custody of animals?	Yes/No	
9.6	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	
9.7	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	
9.8	If yes to any of these questions, please provide details,		

10	Additional details
	Please check local guidance notes and conditions for any additional information which may be required
10.	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	e 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 to District Council website. YES / NO	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	