

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

The information we collect on this form is necessary to process your application under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018**.** The lawful basis is Legal Obligation – processing is necessary for compliance with a legal obligation to which the Council as Data Controller is subject. We will keep your information on file in line with our retention schedule <http://www.easthants.gov.uk/access-information/publication-scheme>. If you have queries or concerns on how we use your information, please contact [governance@easthants.gov.uk](mailto:governance@easthants.gov.uk)

SECTION 1 - Standard applicant profile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Reference number** | | | | | |
| 1.1 | System reference Number (if known) |  | | | | |
| 1.2 | Your reference (if known) |  | | | | |
|  | Please complete all the questions in the form. If you have nothing to record, please state "Not applicable" or "None" | | | | | |
| **2a** | **Agent** | | | | | |
| 2.1 | Are you an agent acting on behalf of the applicant | Yes |  | No |  | **If No, go to 3.1** |
| **2b** | **Your reference (if known)** | | | | | |
| 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 – This should be your official address – The address required of you by law to receive all communication** | | | | | |
| 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 |  | | | | |

SECTION 2 – Applications for a licence to provide or arrange for the provision of boarding for cats and dogs

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a** | **Type of Application** | | | | | | | | | | | | |
| 1.1 | Commercial boarding |  | Home boarding | | |  | | Day Care | | | | |  |
| 1.2 | Type of Application | | New | | | |  | | | Renewal |  | | **If New, go to 1.4** | |
| 1.3 | Existing licence number | |  | | | | | | | | | | |
| **1b** | **Animals to be accommodated** | |  | | | | | | | | | | |
| 1.4 | Cats | |  | | Maximum Number | | | | | | |  | |
| 1.5 | Dogs | |  | | Maximum Number | | | | | | |  | |
| **1c** | **Further information about the applicant** | | | | | | | | | | | | |
| 1.6 | Age | | Over  18 | | | | |  | | Under 18 |  | |  | |
|  | | | | | | | | | | | | | |
| **2** | **Establishment to be licensed** | |  | | | | | | | | | | |
| 2.1 | Name of premises/trading name | |  | | | | | | | | | | |
| 2.2 | Address of premises | |  | | | | | | | | | | |
| 2.3 | Telephone number | |  | | | | | | | | | | |
| 2.4 | Email address | |  | | | | | | | | | | |
| 2.5 | Do you have planning permission for this business use | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3** | **Accommodation and facilities** | | | | | | | | | | | | |
| 3.1 | Details of the quarters used to accommodate animals, including number size and type of construction | |  | | | | | | | | | | |
| 3.2 | Exercise facilities and arrangements | |  | | | | | | | | | | |
| 3.3 | Heating arrangements | |  | | | | | | | | | | |
| 3.4 | Method of ventilation of the premises | |  | | | | | | | | | | |
| 3.5 | Lighting arrangements (natural & artificial) | |  | | | | | | | | | | |
| 3.6 | Water Supply | |  | | | | | | | | | | |
| 3.7 | Facilities for food storage & preparation | |  | | | | | | | | | | |
| 3.8 | Arrangements for disposal of excreta, bedding and other waste material | |  | | | | | | | | | | |
| 3.9 | Isolation facilities for the control of infectious diseases | |  | | | | | | | | | | |
| 3.10 | Fire precautions/ equipment and arrangements in the case of fire | |  | | | | | | | | | | |
| 3.11 | Do you keep and maintain a register of animals? | |  | | | | | | | | | | |
| 3.12 | How do you propose to minimise disturbance from noise | |  | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| **4** | **Veterinary surgeon** | |  | | | | | | | | | | |
| 4.1 | Name of usual veterinary surgeon | |  | | | | | | | | | | |
| 4.2 | Company name | |  | | | | | | | | | | |
| 4.3 | Address | |  | | | | | | | | | | |
| 4.4 | Telephone number | |  | | | | | | | | | | |
| 4.5 | Email address | |  | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| **5** | **Emergency Key Holder** | |
| 5.1 | Do you have an emergency key holder? | |  | If no go to 7.1 | | | | | | | | | | |
| 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 | |  | If no go to 7.1 | | | | |  | | | | | |
| **8** | **Emergency Key Holder 2** | |
| 6.3 | Name | |  | | | | | | | | | | | |
| 6.4 | Position/ job title | |  | | | | | | | | | | | |
| 6.5 | Address | |  | | | | | | | | | | | |
| 6.6 | Daytime telephone number | |  | | | | | | | | | | | |
| 6.7 | Evening/ other telephone number | |  | | | | | | | | | | | |
| 6.8 | Email address | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **7** | **Public liability insurance** | | | | | | | | | | | | |
| 7.1 | Do you have public liability insurance? | | Yes | | | | |  | | No |  | | **If no, go to 8.1** | |
| 7.2 | Please provide details of the policy | |  | | | | | | | | | | |
| 7.3 | Insurance company | |  | | | | | | | | | | |
| 7.4 | Policy number | |  | | | | | | | | | | |
| 7.5 | Period of cover | |  | | | | | | | | | | |
| 7.6 | Amount of cover (£) | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **8** | **Disqualifications and convictions** | | | | | | | | | | | | |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | | | | | | | | | | | |
| 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** | **Public Register** | | | | | | | | | | | | |
|  | The Council is required to keep a public register of licensed premises within the district. Please confirm the following information: | | | | | | | | | | | | |
| 9.1 | Business contact number for the public | |  | | | | | | | | | | |
| 9.2 | Email address for the public | |  | | | | | | | | | | |
| 9.3 | Link to business website and/or other social media sites | |  | | | | | | | | | | |
| 9.4 | Is the registered address for the licensable activity a domestic or commercial premises (home addresses are redacted from the full register) | |  | | | | | | | | | | |

SECTION 3 - Standard declaration section

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| --- | --- | --- | --- | --- |
| **1** | **Model Licence Conditions & Guidance** | | | |
|  | “All applicants to tick that they have read the applicable model licence conditions & guidance found at <http://www.havant.gov.uk/animal-welfare-regulations-2018> | | | |
| 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 check local guidance notes and conditions for any additional information which may be required for this application: [Animal welfare regulations | East Hampshire District Council (easthants.gov.uk)](https://www.easthants.gov.uk/environmental-health/animal-welfare/animal-welfare-regulations)  Please attach all policies, procedures, and additional documents to demonstrate compliance with the conditions (a full list is available on request)) | | | |
| 2.1 | All documents attached |  |  |  |
|  | | | | |
| **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. | | | |
| 3.3 | Signing this box indicates you have read and understood the above declaration |  | | |
| 3.4 | Full Name |  | | |
| 3.5 | Capacity |  | | |
| 3.6 | Date |  | | |

For queries or additional information please contact [ehealth@easthants.gov.uk](mailto:ehealth@easthants.gov.uk)