

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

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 ororganisation, 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 withcompanies house  | Yes |[ ]  No |[ ]  **If no, go to 4.3** |
| 4.2  | Registration Number |  |
| 4.3  | Is your business registered outside theUK? |  |
| 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 islocated |  |
| **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 - **Application for a licence to keep or train animals for exhibition**

|  |  |
| --- | --- |
| **1a** | **Type of business/performance (please tick)** |
| 1.1 | TV/Film/ Social Media |  |  |[ ]   |  |
| 1.2 | Theatre |  |  |[ ]   |  |
| 1.3 | Circus using domestic animals |  |  |[ ]   |  |
| 1.4 | Exhibiting animals |  |  |[ ]   |  |
| 1.5 | Animal encounters |  |  |[ ]   |  |
| 1.6 | Birds of prey shows/exhibits |  |  |[ ]   |  |
| 1.7 | Other please state |[ ]   |
|  |  |  |  |  |  |  |
| **2a** | **Application Details** |
| 2.1 | Type of Application | New |[ ]  Renewal |[ ]  **If New, go to 2.3** |
| 2.2 | Local Authority where registered/licenced  |  |
| 2.3 | Give details of registration e.g., type and numbers of Animals, type of performance or exhibition  |  |
| **2b** | **Further information about the applicant** |
| 2.4 | Stage name if any |  |
| 2.5 | Nationality  |  |
| 2.6 | Age | Over 18 |[ ]  Under 18 |[ ]   |
|  |  |  |  |  |  |  |
| **3** | **Animals to be trained**  |
| 3.1 | Name of the premises/trading name |  |
| 3.2 | Address of the premises  |  |
| 3.3 | Telephone number of the premises |  |
| 3.4 | Email Address |  |
|  |  |  |
| **4a** | **Kinds of animal to be trained and the number of each kind** |
| 4.1 | Kind of animal |  |
| 4.2 | Number |  |
| 4.3 | Add another kind of animal? |  | **If no go to 5.1** |
| **4b** | **Kinds of animal to be trained and the number of each kind 2**  |
| 4.4 | Kind of animal |  |
| 4.5 | Number |  |
| 4.6 | Add another kind of animal? |  | **If no go to 5.1** |
| **4c** | **Kinds of animal to be trained and the number of each kind 3** |
| 4.7 | Kind of animal |  |
| 4.8 | Number |  |
| 4.9 |  If you intend to train further kinds of animals, please attach a separate list of these animals and the number of each  |
|  |  |  |
| **5a** | **Kinds of animal to be exhibited/encountered and the number of each kind** |
| 5.1 | Kind of animal |  |
| 5.2 | Number |  |
| 4.3 | Add another kind of animal? |  | **If no go to 6.1** |
| **5b** | **Kinds of animal to be exhibited/encountered and the number of each kind 2** |
| 5.4 | Kind of animal |  |
| 5.5 | Number |  |
| 5.6 | Add another kind of animal? |  | **If no go to 6.1** |
| **5c** | **Kinds of animal to be exhibited/encountered and the number of each kind 3** |
| 5.7 | Kind of animal |  |
| 5.8 | Number |  |
| 5.9 |  If you intend to exhibit further kinds of animals, please attach a separate list of these animals and the number of each  |
|  |  |
| **6** | **Proposed Performance or Encounter** |
| 6.1 | Describe the nature of the performance (s) in which the animals will be exhibited or which they are being trained, mentioning any apparatus which is used, for the purpose of the performance. Description must be sufficient to give a general idea of what is being done by the animals taking part in the performance. If it is an animal encounter, please give details of what type of encounter and where these take place |  |
| 6.2 | Approximate duration of the performance(s) |  |
| 6.3 | Number of times the performance will be given in one day |  |
| 6.4 | How will the animals be transported |  |
| 6.5 | Where are the animals to be kept when not performing or been exhibited |  |
|  |
| **7** | **Veterinary surgeon**  |
| 7.1  | Name of usual veterinary surgeon |  |
| 7.2  | Company name |  |
| 7.3  | Address |  |
| 7.4  | Telephone number |  |
| 7.5  | Email address |  |
|  |  |  |
| 8A | **Emergency keyholder** |
| 8.1 | Do you have an emergency keyholder? |  | 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? |  | If NO go to 9.1 |
| **8B** | **Emergency keyholder 2** |
| 8.9 | Do you have an emergency keyholder? |  |
| 8.10 | Name |  |
| 8.11 | Position/job title |  |
| 8.12 | Address |  |
| 8.13 | Daytime telephone number |  |
| 8.14 | Evening/other telephone number |  |
| 8.15 | Email address |  |
|  |
| 9 | **Public Liability Insurance** |
| 9.1  | Do you have public liability insurance?  | Yes |[ ]  No |[ ]  **If no, go to 7.10**  |
| 9.2  | Please provide details of the policy |  |
| 9.3  | Insurance company |  |
| 9.4  | Policy number |  |
| 9.5  | Period of cover |  |
| 9.6  | Amount of cover (£) |  |
| 9.7 | 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 or management of the establishment, ever beendisqualified from: |
| 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 licencerefused, revoked or cancelled? | Yes |[ ]  No |[ ]   |
| 10.8  | If yes to any of these questions,please provide details |  |
|  |
| **11** | **Public register**  |
|  | The Council is required to keep a public register of licensed premises within the district. Please confirm the following information: |
| 11.1 | Business contact number for the public |  |
| 11.2 | Email address for the public |  |
| 11.3 | Link to business website and/or other social media sites |  |
| 11.4 | 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

|  |  |
| --- | --- |
| **1**  | **Model Licence Conditions & Guidance**  |
|  | All applicants to tick that they have read the applicable model licence conditions & guidance found at <http://www.easthants.gov.uk/animal-welfare-regulations-2018> |
| 1.1  | Pet Vending |  |[ ]   |
| 1.2  | Animal Boarding |  |[ ]   |
| 1.3  | Keeping or Training Animals for Exhibition |  |[ ]   |
| 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) |
|  |
| **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 readand understood the above declaration |  |
| 3.4  | Full name |  |
| 3.5  | Capacity |  |
| 3.6  | Date |  |

For queries, please contact ehealth@easthants.gov.uk