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

**Application to register for the keeping or training animals for exhibition**

Please complete all the questions in the form.

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

|  |  |  |
| --- | --- | --- |
| **1** | **Standard applicant profile section** |  |
| **Reference number** |  |
| System reference Number |  |
| Your reference |  |

|  |  |
| --- | --- |
| **2** | **Type of business/performance (please tick)** |
| 2.1 | TV/Film/Social Media |  |
| 2.2 | Theatre |  |
| 2.3 | Circus using domestic animals |  |
| 2.4 | Exhibiting Animals |  |
| 2.5 | Animal Encounters |  |
| 2.6 | Birds of Prey shows/exhibits |  |
| 2.7 | Other please state |  |

| **3** | **Application Details** |  |
| --- | --- | --- |
| 3.1 | Have you been registered/licenced before  | yes  |  | No |  | If no go to 2b |  |
| 3.2 | Local Authority where registered/licenced |  |  |
| 3.3 | Give details of registration e.g type and numbers of animals, type of performance or exhibition.  |  |  |
| **3b** | **Further information about the applicant** |
| 3.3 | Stage name (if any) |  |
| 3.4 | Nationality  |  |
| 3.5 | Date of birth |  |

|  |  |  |
| --- | --- | --- |
| **4** | **Animals to be trained**  |  |
| 4.1 | Name of premises/trading name |  |  |
| 4.2 | Address of premises |  |  |
| 4.3 | Telephone number of premises |  |  |
| 4.4 | Email address |  |  |

| **5** | **Kinds of animal to be trained and the number of each kind** |  |
| --- | --- | --- |
| 5.1 | Kind of animal  |  |  |
| 5.2. | Number  |  |  |
| 5.3 | Add another kind of Animal ? | Yes/No | If yes, repeat 4.1 to 4.2 |  |

| **6** | **Kinds of animal to be exhibited/Encounter and the number of each kind** |  |
| --- | --- | --- |
| 6.1 | Kind of animal  |  |  |
| 6.2. | Number  |  |  |
| 6.3 | Add another kind of Animal ? | Yes/No | If yes, repeat 5.1 to 5.2 |  |

| **7** | **Proposed Performance or Encounter** |  |
| --- | --- | --- |
| 7.1 | Describe the nature of the performance (s) in which the animals will be exhibited or for which they are to be trained, mentioning any apparatus which is used for the purpose of the performance. The description must be sufficient to give a general idea of what is 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 are to take place.  |  |  |
| 7.2. | Approximate duration of the performance (s) |  |  |
| 7.3 | Number of times the performance will be given in one day. |  |  |
| 7.4 | How will the animals be transported |  |  |
| 7.6 | Where are the animals to be kept when not performing or being exhibited.  |  |  |

| **8** | **Veterinary surgeon** |  |
| --- | --- | --- |
| 8.1 | Name of usual veterinary surgeon |  |  |
| 8.2 | Company name |  |  |
| 8.3 | Address |  |  |
| 8.4 | Telephone number |  |  |
| 8.5 | Email address |  |  |

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| --- | --- | --- |
| **9** | **Emergency key holder** |  |
| 9.1 | Do you have an emergency key holder? | Yes / No | If no, go to 9.1 |  |
| 9.2 | Name |  |  |
| 9.3 | Position/job title |  |  |
| 9.4 | Address  |  |  |
| 9.5 | Daytime telephone number |  |  |
| 9.6 | Evening/other telephone number |  |  |
| 9.7 | Email address |  |  |
| 9.8 | Add another person? | Yes / No | If yes, 8.2 to 8.8 will be repeated |  |

|  |  |  |
| --- | --- | --- |
| **10** | **Public liability insurance** |  |
| 10.1 | Do you have public liability insurance? | Yes / No | If no, go to question 9.6 |  |
|  | If yes, please provide details of the policy |  |
| 10.2 | Insurance company |  |  |
| 10.3 | Policy number |  |  |
| 10.4 | Period of cover |  |  |
| 10.5 | Amount of cover (£m) |  |  |
| 10.6 | Please state what steps you are taking to obtain such insurance |  |  |

| **11** | **Disqualifications and convictions** |  |
| --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: |  |
| 11.1 | Keeping a pet shop?  | Yes/No |  |  |
| 11.2 | Keeping a dog?  | Yes / No |  |
| 11.3 | Keeping an animal boarding establishment? | Yes/No |  |
| 11.4 | Keeping a riding establishment?  | Yes/No |  |
| 11.5 | Having custody of animals?  | Yes/No |  |
| 11.6 | 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 |  |  |
| 11.7 | 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 |  |  |
| 11.8 | If yes to any of these questions, please provide details,  |  |  |

| **12** | **Additional details** |  |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required |  |
| 12.1 | Additional information which is required or may be relevant to the application |  |  |

|  |  |  |
| --- | --- | --- |
| **13** | **Standard declaration and signature section** |  |

**Please see website for current fees and charges**

On receipt of this application form please telephone 01226 773743 to make the payment. You will receive a receipt number which must be recorded below.

**Please note, licence visits cannot be carried out until the licence fee is paid in full**. **Incomplete or incorrect applications will not be accepted.**

|  |
| --- |
| Date fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receipt no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Please ensure you study the relevant DEFRA guidance notes and section of the legislation which applies to the Licenced activity, as our inspections require these conditions to be met. If you do not have access to these please contact us and we will forward you a copy.

 Subsequent visits may be made to your premises. It is an offence for any person who wilfully obstructs or delays any person in the exercise of their powers of entry or inspection.

 Any change of ownership must be reported to us immediately. All licences issued are issued to the applicant and not the premises, therefore are not transferable*.*

 The granting of a licence under this Act does not imply the Council has waived the requirement for the applicant to obtain any other permissions required to carry out the activity, lawfully at the premises (for example planning permission under the Town and Country Planning Act 1990). It is your responsibility to ensure you can legally trade in the licenced activity and that the activity does not cause a nuisance in the locality in terms of noise/pollution etc. The Licence will only be considered on animal welfare grounds.

|  |  |
| --- | --- |
| **Declaration**  |  |
| This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. |
| I am aware of the provisions of the relevant Act and DEFRA guidance documents.   The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.   |
| Ticking this box indicates you have read and understood the above declaration |  |
| Full Name |  |
| Capacity  |  |
| Date |  |

Please return this completed form to :

BMBC

Animal Health Section

Commercial Regulation Unit

Regulatory Services

PO Box 634

Barnsley

S70 9GG