**The Animal Welfare (Licensing of Activities Involving Animals)**

**Regulations 2018**

**Application for a licence to operate a Boarding Establishment**

**kennels/catteries/home boarding/dog day care**

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

Please complete all the questions in the form.

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

| **2** | **Type of Application** |  |
| --- | --- | --- |
| 2.1 | Commercial Boarding (kennels/catteries) |  | Home Boarding  |  | Day Care |  | Commercial Day Care |  |
| 2.2 | Type of Application | New  |  | Renewal |  |  |  |
| 2.3 | Existing licence number |  |  |
| **2a** | **Animals to be accommodated** |  |
|  | Animals to be accommodated |  |
| 2.4 | Cats | Yes/No | Maximum number |  |  |
| 2.5 | Dogs | Yes/No | Maximum number |  |  |
| **2b** | **Further information about the applicant** |
| 2.6 | Date of birth |  |

|  |  |  |
| --- | --- | --- |
| **3** | **Premises to be licensed**  |  |
| 3.1 | Name of proposed licence holder |  |  |
|  | Trading name if applicable |  |  |
| 3.2 | Address of premises |  |  |
| 3.3 | Telephone number of premises |  |  |
| 3.4 | Email address |  |  |
| 3.5 | Do you have planning permission for this business use. | Yes/No |  |

| **4** | **Accommodation and facilities** |  |
| --- | --- | --- |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  |  |
| 4.2. | Exercise facilities and arrangements |  |  |
| 4.3 | Heating arrangements: |  |  |
| 4.4 | Method of ventilation of premises |  |  |
| 4.5 | Lighting arrangements (natural & artificial) |  |  |
| 4.6 | Water supply |  |  |
| 4.7 | Facilities for food storage & preparation |  |  |
| 4.8 | Arrangements for disposal of excreta, bedding and other waste material |  |  |
| 4.9 | Isolation facilities for the control of infectious diseases |  |  |
| 4.10 | Fire precautions/equipment and arrangements in the case of fire |  |  |
| 4.11 | Do you keep and maintain a register of animals? | Yes/No |  |  |
| 4.12 | How do you propose to minimise disturbance from noise? |  |  |

| **5** | **Veterinary surgeon** |  |
| --- | --- | --- |
| 5.1 | Name of usual veterinary surgeon |  |  |
| 5.2 | Company name |  |  |
| 5.3 | Address |  |  |
| 5.4 | Telephone number |  |  |
| 5.5 | Email address |  |  |

|  |  |  |
| --- | --- | --- |
| **6** | **Emergency key holder** |  |
| 6.1 | Do you have an emergency key holder? | Yes / No | If no, go to 7.1 |  |
| 6.2 | Name |  |  |
| 6.3 | Position/job title |  |  |
| 6.4 | Address  |  |  |
| 6.5 | Daytime telephone number |  |  |
| 6.6 | Evening/other telephone number |  |  |
| 6.7 | Email address |  |  |
| 6.8 | Add another person? | Yes / No | If yes, 6.2 to 6.8 will be repeated |  |

|  |  |  |
| --- | --- | --- |
| **7** | **Public liability insurance** |  |
| 7.1 | Do you have public liability insurance? | Yes / No | If no, go to question 7.6 |  |
|  | If yes, please provide details of the policy |  |
| 7.2 | Insurance company |  |  |
| 7.3 | Policy number |  |  |
| 7.4 | Period of cover |  |  |
| 7.5 | Amount of cover (£m) |  |  |
| 7.6 | Please state what steps you are taking to obtain such insurance |  |  |

| **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** | **Additional details** |  |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required |  |
| 9.1 | Additional information which is required or may be relevant to the application |  |  |

|  |  |  |
| --- | --- | --- |
| **10** | **Licence fees** |  |

For licence fees please see website

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