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

**Application for a licence to operate a riding establishment**

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| **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 | Type of Application | New  |  | Renewal |  | If new, go to 2.3 |  |
| 2.2 | Existing licence number |  |  |
|  | **Further information about the applicant** |  |
| 2.3 | Date of birth |  |  |

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| **3** | **Establishment to be licensed** |  |
| 3.1 | Name of proposed licence holder |  |  |
|  | Trading name if applicable |  |  |
| 3.2 | Address of premises |  |  |
| 3.3 | Telephone number |  |  |
| 3.4 | Email address |  |  |
| 3.5 | Is the establishment open throughout the year? | Yes / No |  |  |
| 3.6 | When is it normally open? |  |  |
| 3.7 | Do you have planning permission for this business use. | Yes/No |  |

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| **4** | **Accommodation and facilities** |  |
|  | **Please describe the accommodation available for horses:** |  |
| 4.1 | Stalls (please give the number) |  |  |
| 4.2 | Boxes (please give the number) |  |  |
| 4.3 | Covered yard (please give dimensions) |  |  |
| 4.4 | Open yard (please give dimensions) |  |  |
|  | **Please describe the land available for:** |  |
| 4.5 | Grazing |  |  |
| 4.6 | Instructing or demonstrating |  |  |
| 4.7 | Exercise |  |  |
|  | **Please describe the accommodation available for:** |  |
| 4.8 | Forage and bedding |  |  |
| 4.9 | Equipment and saddlery |  |  |
|  | **Please describe the arrangements in place for:** |  |
| 4.10 | Water supply and watering horses |  |  |
| 4.11 | Disposal of animal waste |  |  |
| 4.12 | Protection of horses in event of a fire, and fire precautions |  |  |

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| **5** | **Horses** |  |
| 5.1 | How many horses are kept under the terms of the Act at the present time? |  |  |
| 5.2 | How many horses is it intended to keep under the terms of the Act during the year?  |   |  |
|  | **Please provide details of all the horses currently kept** |  |
| 5.3 | Name of horse |  |  |
| 5.4 | Description including size |  |  |
| 5.5 | Sex |  |  |
| 5.6 | Age |  |  |
| 5.7 | Horse passport number |  |  |
| 5.8 | Purpose for which horse is kept |  |  |
| 5.9 | Age range of people who ride this horse |  |  |
| 5.10 | Add another horse? | Yes/No | If yes, repeat 5.3 to 5.9 |  |

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| **6** | **Management of the establishment** |  |
| 6.1 | Name & Address of the manager/person with direct control of the establishment |  |  |
| 6.2 | Does the manager have any of the following certificates? (tick all that apply) |  |
|  | Assistant Instructor’s Certificate of the British Horse Society |  |  |  |
|  | Intermediate Instructor’s Certificate of the British Horse Society |  |  |
|  | Instructor’s Certificate of the British Horse Society |  |  |
|  | Fellowship of the British Horse Society |  |  |
|  | Fellowship of the Institute of the Horse |  |  |
|  | None of the above |  |  |  |
| 6.3 | Please give details of the manager’s experience in the management of horses |  |  |
| 6.4 | Does a responsible person live at the establishment?  | Yes / No |  |  |
| 6.5 | What are the arrangements in the event of an emergency? |  |  |
| 6.6 | Will a person who is under 16 years of age be left in charge of the establishment at any time? | Yes / No |  |
| 6.7 | Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)? | Yes / No |  |

| **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 |  |  |

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| **8** | **Public liability insurance** |  |
| 8.1 | Do you have public liability insurance? | Yes / No | If no, go to question 8.9 |  |
|  | If yes, please provide details of the policy |  |
| 8.2 | Insurance company |  |  |
| 8.3 | Policy number |  |  |
| 8.4 | Period of cover |  |  |
| 8.5 | Amount of cover (£m) |  |  |
|  | **Does this policy:** |  |
| 8.6 | Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment? | Yes / No | If yes to all, go to 9.1 |  |
| 8.7 | Insure against liability arising out of such hire or use of a horse? | Yes / No |  |
| 8.8 | Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use? | Yes / No |  |
| 8.9 | Please state what steps you are taking to obtain such insurance |  |  |

| **9** | **Disqualifications and convictions** |  |
| --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: |  |
| 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 |  |
| 10.1 | Additional information which is required or may be relevant to the application |  |  |

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| **11** | **Standard declaration and signature section** |  |

**For fees and charges see website. Veterinary assessment charges also payable prior to issue of licence.**

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.**

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| 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.

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| **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