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

## Application for a licence to provide or arrange for the provision of boarding for cats or dogs

Please complete all the questions in the form. If you have nothing to record, please state "Not applicable" or "None"

| 1    | Reference number  |                  |                      |                       |
|------|---|------------------|----------------------|-----------------------|
| 1.1  | System reference Number (if known)                                      |                  |                      |                       |
| 1.2  | Your reference (if known)   |                  |                      |                       |
|      |   |                  |                      |                       |
| 2a   | Agent   |                  |                      |                       |
| 2.1  | Are you an agent acting on behalf of the applicant                      | Yes              | No                   | If no, go to 3.1      |
| 2b   | Further information about the Agent                                     |                  |                      |                       |
| 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  | Ţ                |                      |                       |
| 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 receive all communication        | official address | s – The address requ | ired of you by law to |
| 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 |  |
|------|---------|--|

## **Application**

|      |  |          |                  | -   -   - |     |        |     |         |      |               |   |
|------|--|----------|------------------|-----------|-----|--------|-----|---------|------|---------------|---|
| 1a   | Type of Application                              |          |                  |           |     |        |     |         |      |               |   |
| 1.1  | Commercial<br>Boarding                           |          | Home<br>Boarding | ,         | Da  | y Care | )   |         |      |               |   |
| 1.2  | Type of Application                              | •        | -                | New       |     |        |     | Renewa  | I    |               |   |
| 1.3  | Existing licence number                          | r (if ap | plicable)        |           |     |        |     |         |      | •             |   |
| 1b   | Animals to be accomr                             | nodate   | ed               |           |     |        |     |         |      |               |   |
| 1.4  | Cats   |          |                  | Yes/No    | )   | Maxim  | านท | n numbe | r    |               |   |
| 1.5  | Dogs   |          |                  | Yes/No    | )   | Maxim  | านท | n numbe | r    |               | - |
| 1c   | Further information al                           | oout th  | ne applicant     |           |     |        |     |         |      |               |   |
| 2.6  | Date of birth                                    |          | • •              |           |     |        |     |         |      |               |   |
|      |  |          |                  |           |     |        |     |         |      |               |   |
| 2    | Premises to be license                           | ed       |                  |           |     |        |     |         |      |               |   |
| 2.1  | Name of premises/tradi                           | ng nar   | ne               |           |     |        |     |         |      |               |   |
| 2.2  | Address of premises                              |          |                  |           |     |        |     |         |      |               |   |
| 2.3  | Telephone number of p                            | remise   | es .             |           |     |        |     |         |      |               | - |
| 2.4  | Email address                                    |          |                  |           |     |        |     |         |      |               |   |
| 2.5  | Do you have planning p<br>business use.          | ermiss   | sion for this    |           |     |        |     | Ye      | s/No |               |   |
|      |  |          |                  |           |     |        |     |         |      |               |   |
| 3    | Accommodation and t                              | faciliti | es               |           |     |        |     |         |      |               |   |
|      | Details of the quarters u                        |          |                  |           |     |        |     |         |      |               |   |
| 3.1  | accommodate animals, number, size and type of    |          |                  |           |     |        |     |         |      |               |   |
| 3.2. | Exercise facilities and a                        | rrange   | ements           |           |     |        |     |         |      |               |   |
| 3.3  | Heating arrangements:                            |          |                  |           |     |        |     |         |      |               |   |
| 3.4  | Method of ventilation of                         | premi    | ses              |           |     |        |     |         |      |               |   |
| 3.5  | Lighting arrangements artificial)                | (natura  | al &             |           |     |        |     |         |      |               |   |
| 3.6  | Water supply                                     |          |                  |           |     |        |     |         |      |               |   |
| 3.7  | Facilities for food storage                      | ge & pr  | eparation        |           |     |        |     |         |      |               |   |
| 3.8  | Arrangements for dispo<br>bedding and other wast |          |                  |           |     |        |     |         |      |               |   |
| 3.9  | Isolation facilities for the infectious diseases | e contr  | ol of            |           |     |        |     |         |      |               |   |
| 3.10 | Fire precautions/equipn arrangements in the case |          |                  |           |     |        |     |         |      |               |   |
| 3.11 | Do you keep and maint animals?                   | ain a r  | egister of       |           |     |        |     | Yes     | s/No |               |   |
| 3.12 | How do you propose to disturbance from noise     |          | ise              |           |     |        |     |         |      |               |   |
|      |  |          |                  |           |     |        |     |         |      |               |   |
| 4    | Veterinary surgeon                               |          |                  |           |     |        |     |         |      |               |   |
| 4.1  | Name of usual veterina                           | ry surg  | jeon             |           |     |        |     |         |      |               |   |
| 4.2  | Company name                                     |          |                  |           |     |        |     |         |      |               |   |
| 4.3  | Address  |          |                  |           |     |        |     |         |      |               |   |
| 4.4  | Telephone number                                 |          |                  |           |     |        |     |         |      |               |   |
| 4.5  | Email address                                    |          |                  |           |     |        |     |         |      |               |   |
|      |  |          |                  |           |     |        |     |         |      |               |   |
| 5a   | Emergency key holde                              |          |                  |           |     |        |     |         |      |               |   |
| 5.1  | Do you have an emerge                            | ency k   | ey holder?       | Yes       | /No |        |     |         | If   | no, go to 6.1 |   |

| 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?  | Yes/No                   | If no, go to 6.1                         |
| 5b   | Emergency key holder 2   | <b>-</b>                 | -  |
| 5.9  | Name   |                          |  |
| 5.10 | Position/job title   |                          |  |
| 5.11 | Address  |                          |  |
| 5.12 | Daytime telephone number   |                          |  |
| 5.13 | Evening/other telephone number   |                          |  |
| 5.14 | Email address  |                          |  |
|      |  |                          |  |
| 6    | Public liability insurance   |                          |  |
| 6.1  | Do you have public liability insurance?  | Yes/No                   | If no, go to 6.7                         |
| 6.2  | Please provide details of the policy   |                          |  |
| 6.3  | Insurance company  |                          |  |
| 6.4  | Policy number  |                          |  |
| 6.5  | Period of cover  |                          |  |
| 6.6  | Amount of cover (£)  |                          |  |
| 6.7  | Please state what steps you are taking to obtain such insurance  |                          |  |
|      |  |                          |  |
| 7    | Disqualifications and convictions  |                          |  |
|      | Has the applicant, or any person who w disqualified from:  | ill have control or mana | gement of the establishment, ever been   |
| 7.1  | Keeping a pet shop?  |                          | Yes/No                                   |
| 7.2  | Keeping a dog?   |                          | Yes/No                                   |
| 7.3  | Keeping an animal boarding establishm  | ent?                     | Yes/No                                   |
| 7.4  | Keeping a riding establishment?  |                          | Yes/No                                   |
| 7.5  | Having custody of animals?   |                          | Yes/No                                   |
| 7.6  | Has the applicant, or any person who we management of the establishment, bee offences under the Animal Welfare Act | n convicted of any       | Yes/No                                   |
| 7.7  | Has the applicant, or any person who w management of the establishment, ever refused, revoked or cancelled?        |                          | Yes/No                                   |
| 7.8  | If yes to any of these questions, please provide details,  |                          |  |
|      |  |                          |  |
| 8    | Additional details   |                          |  |
|      | Please check local guidance notes and  | conditions for any addit | tional information which may be required |
| 8.1  | Additional information which is required or may be relevant to   |                          |  |
|      | the application  |                          |  |

## **Declaration section**

| 1   | <b>Model Licence Conditions &amp; Guidance</b> |  |
|-----|--|--|
|     | All applicants to tick that they have read th  | e applicable model licence conditions & guidance |
| 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 attach the following Information |
| 2.1 | A plan of the premises                  |
| 2.2 | Insurance policy                        |
| 2.3 | Operating procedures                    |
| 2.4 | Risk Assessments (including Fire)       |
| 2.5 | Infection control procedure             |
| 2.6 | Qualifications                          |
| 2.7 | Training records                        |

| 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  |