



APPLICATION FOR THE GRANT OF AN ANIMAL WELFARE LICENCE IN ACCORDANCE WITH THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS)(ENGLAND) REGULATIONS 2018

- Please familiarise yourself with our terms and conditions before completing this application
- It is an offence to give false information - all questions must be answered.
- An application will not be deemed valid unless the Licensing Authority receives a completed and signed application form, and the relevant fee.
- Before an application can be determined, an inspection must be conducted.
- Please ensure you tick the checklist to ensure you provide the necessary information to support your application.
- You may only apply for one licence with one or more licensable activities per application form. If you run or intend to run more than one establishment, you must complete a separate application form for each location.

METHOD OF COMMUNICATION

- The Council's primary method of communication is by email.
- The Council may also communicate with you via text message to your mobile phone. As the Council is not a telecommunications company it will be necessary to use the services of a 3rd party such as BT or Virgin to provide this facility. Where text messaging is used the Council will observe the principles of the Data Protection Act 1998.
- By signing this application form you are agreeing to permit the Council to contact you using email, phone, text, and traditional paper based communication.

LICENSABLE ACTIVITY

Please indicate the type(s) of animal welfare activity you wish to apply for:

		Maximum number of animals requested:
Providing or arranging boarding for:		
Cats	<input type="checkbox"/>
Dog kennels	<input type="checkbox"/>
Home boarding for dogs	<input type="checkbox"/>
Dog day care	<input type="checkbox"/>
Dog breeding	<input type="checkbox"/>
Pet shop	<input type="checkbox"/>
Hiring of horses – riding and/or instruction	<input type="checkbox"/>
Keeping or training of animals for exhibition	<input type="checkbox"/>

Section 1 – Applicant and supervision details**APPLICANT DETAILS**

1. Surname:	2. Forename(s)
3. Current registered address: Postcode:	
4. Date of birth:	5. Telephone:
6. Mobile:	7. Email:
8(a). Are you permitted to work in the UK?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
8(b). Are there any restrictions?: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please detail them below)	

2nd APPLICANT DETAILS

9. Surname:	10. Forename(s)
11. Current registered address: Postcode:	
12. Date of birth:	13. Telephone:
14. Mobile:	15. Email:
16(a). Are you permitted to work in the UK?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
16(b). Are there any restrictions?: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please detail them below)	

LIMITED COMPANY OR LIMITED LIABILITY PARTNERSHIP DETAILS

17. Ltd Company/LLP name:	
18. Current registered address of Ltd Company/LLP: Postcode:	
19. Ltd Company/LLP registration number:	
20. Mobile:	21. Telephone:
22. Email:	
23. Director/ Partner/Company Secretary names: (please indicate all persons registered with Companies House, in the order you would like us to contact you)	
Name:	Address:
Name:	Address:

Name:	Address:
Name:	Address:

MANAGEMENT / SUPERVISION

24. Please state the name of the person who will have overall responsibility for the day to day welfare of the animals kept in accordance with any issued licence:

25. Please state if this person holds any of the following qualifications:

- Assistant 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
- City & Guilds (animal welfare related)*
- BTEC (animal welfare related)*
- Other relevant (animal welfare related)*

*Please provide details of the qualification below:

26. Please also provide information on this person's animal welfare experience:

EMPLOYEES

27. Please provide the details of the number of staff working at the premises, their job title (i.e. kennel hand), and any animal welfare related qualifications or training they have received:

Name	Job title	Qualifications/training received

RELEVANT CONVICTIONS

28. Please indicate whether the applicant, or responsible persons listed have been convicted of an offence* under, or are under investigation for any offence, or have a pending prosecution under any of the following: (If yes, please give details and continue on a separate sheet if needed)

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Animal Boarding Establishments Act 1963: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Animal Welfare Act 2006: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Animal Health and Welfare (Scotland) Act 2006 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Dangerous Wild Animals Act 1976 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Breeding of Dogs Act 1973: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Pet Animals Act 1951: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Protection of Animals (Amendment) Act 1954: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Riding Establishments Act 1964: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Dangerous Dogs Act 1991: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Dogs (Northern Ireland) Order 1983: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Performing Animals (Regulation) Act 1925: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Protection of Animals Act 1911: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Welfare of Animals Act (Northern Ireland) 2011: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

* Do not supply the details of any convictions which are considered spent for the purposes of the Rehabilitation of Offenders Act 1976.

Name of Individual	Offence	Date of Conviction	Sentence

REVOCATIONS

29. Please indicate whether the applicant has had any of the following permissions revoked: (If yes, please give details and continue on a separate sheet if needed)

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| English animal welfare licence: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Welsh dog breeding licence: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Welfare of wild animals in a travelling circus licence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Welfare of racing greyhounds licence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please provide details of the revocation below:

Section 2 – Premises and trading details

TRADING NAME AND ADDRESS

30. Please state your trading name:

31. Current trading address:

Postcode:

INSURANCE (Hiring of Horses and Performing Animals only)

32. Please provide details of any public liability insurance held which covers you for the licensable activity you wish to conduct:

33. If no insurance is currently held, please state what steps you are taking to ensure that this requirement will be in place should your licence be granted:

**TYPE OF ANIMALS
(Pet Shops and Performing Animals only)**

34. Please state the type and number of each species you intend to accommodate:

VETERINARY ARRANGEMENTS

35. Please provide the details of any veterinary practice(s) you are registered with:

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Phone:

Phone:

WASTE REMOVAL

36. Please provide the details of how you intend to remove waste from the licensable activity you plan to conduct:

37. Please provide details of any waste permits held:

EMERGENCY KEY HOLDER DETAILS

38. Please provide the details of the person to contact in the case of an emergency. This person must at all times be within a reasonable travel distance of the premises:

Name:

Phone:

Mobile:

SUPPORTING DOCUMENTS CHECKLIST

1. Proof of insurance (hiring of horses and performing animals only)	Enclosed: <input type="checkbox"/>	To follow: <input type="checkbox"/>
2. Proof of relevant qualification(s) (hiring of horses only)	Enclosed: <input type="checkbox"/>	To follow: <input type="checkbox"/>
3. Written emergency plan (paragraph 10(1) of schedule 2 of the regulations).	Enclosed: <input type="checkbox"/>	To follow: <input type="checkbox"/>
4. Written training policy for all staff (paragraph 4(3) of schedule 2 of the regulations).	Enclosed: <input type="checkbox"/>	To follow: <input type="checkbox"/>
5. Written procedures demonstrating how the accommodation and equipment will be cleaned and maintained (paragraph 5 of schedule 2 of the regulations).	Enclosed: <input type="checkbox"/>	To follow: <input type="checkbox"/>
6. Fee	Enclosed: <input type="checkbox"/>	

DATA PROTECTION ACT 1998

The London Borough of Havering is registered under the Data Protection Act 1998. This allows it to process personal data in performing its lawful business. Information held by the Council, including personal data you provide now or in the future, will be processed in compliance with data protection principles. Your personal data may be used to manage, monitor, improve and promote the Council's services. Where delivery of services or actions is in partnership with others, or dependent on the actions of others, it may also be shared with other persons or bodies in accordance with, and restricted to the terms of information sharing agreements and protocols. To protect public funds it may also be shared with other persons or bodies to prevent and detect fraud.

Further details are available on the Council's website www.havering.gov.uk. If you have concerns about the processing of your personal data by the Council you may contact the Data Protection Officer at Havering Council, Town Hall, Main Road, Romford, RM1 3BD.

DECLARATION

Fraud Act 2006

I hereby declare that I fully understand, have read and checked the details and questions on all pages of this application form, and the foregoing statements are true.

I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation, or fails to disclose information in order to obtain an animal welfare licence.

I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above Act which may result in the refusal of this licence application and any subsequent licence applications for a period of one to three years.

I am also aware that any licence granted as a result of breaching the above Act will be immediately revoked, and that a refusal or revocation decision is not reliant on a formal conviction under the above Act being secured.

I understand that the Licensing Authority may consult other agencies about the suitability of any person named as the applicant on this application.

I understand that the purpose of the sharing of this data is to ensure that the applicant is a suitable person for the purpose of being responsible for animals kept under the authority of the relevant legislation.

I also understand that the sharing of information may extend to sensitive personal data, such as data about any previous related criminal offences.

Signed by or on behalf of the applicant

Signed (by the applicant):.....Date:.....

Print name:.....Capacity:.....