**Licensing Team Westmorland & Furness Council**

South Lakeland House, Lowther Street, Kendal LA9 4DQ

Tel: 0300 373 3300 Email: licensing@westmorlandandfurness.gov.uk

**Application for the grant of an Animal Welfare Licence**

**in accordance with The Animal Welfare (Licensing of Activities involving Animals) (England) Regulations 2018**

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| * **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.**
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| **METHOD OF COMMUNICATION** |
| * The Council’s primary method of communication is by email.
* By signing this application form you are agreeing to permit the Council to contact you using email, phone, text, and traditional paper based communication.
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| **LICENSABLE ACTIVITY** |
| Please indicate the type(s) of animal welfare activity you wish to apply for: |
| Providing or arranging boarding for: Cats □  Dog kennels □ Home boarding for dogs □ Doggy day care □Dog breeding □ Pet shop □ Hiring of horses – riding and/or instruction □ Keeping or training of animals for exhibition □ | Maximum number of animals requested:….…………………………….. □….…………………………….. □….…………………………….. □….…………………………….. □….…………………………….. □….…………………………….. □….…………………………….. □…….………………………….. □ |

**Section 1 – Applicant and supervision details**

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| **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 □ No □8(b). Are there any restrictions?: Yes □ No □ (If yes, please detail them below) |

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| **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 □ No □16(b). Are there any restrictions?: Yes □ No □ (If yes, please detail them below) |

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| **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: |

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| **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:  |

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| **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** |
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| **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 □ No □  Animal Welfare Act 2006: Yes □ No □  Animal Health and Welfare (Scotland) Act 2006 Yes □ No □  Dangerous Wild Animals Act 1976 Yes □ No □ Breeding of Dogs Act 1973: Yes □ No □ Pet Animals Act 1951: Yes □ No □ Protection of Animals (Amendment) Act 1954: Yes □ No □  Riding Establishments Act 1964: Yes □ No □ Dangerous Dogs Act 1991: Yes □ No □ Dogs (Northern Ireland) Order 1983: Yes □ No □  Performing Animals (Regulation) Act 1925: Yes □ No □ Protection of Animals Act 1911: Yes □ No □ Welfare of Animals Act (Northern Ireland) 2011: Yes □ No □\* 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** |
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| **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 □ No □  Welsh dog breeding licence: Yes □ No □  Welfare of wild animals in a travelling circus licence Yes □ No □  Welfare of racing greyhounds licence Yes □ No □ Please provide details of the revocation below:  |

**Section 2 – Premises and trading details**

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| **TRADING NAME AND ADDRESS** |
| 30. Please state your trading name:31. Current trading address:  Postcode: |

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| **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: |

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| **TYPE OF ANIMALS****(Pet Shops and Performing Animals only)** |
| 34. Please state the type and number of each species you intend to accommodate:  |

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| **VETERINARY ARRANGEMENTS** |
| 35. Please provide the details of any veterinary practice(s) you are registered with: |
| Name:Address:Postcode:Phone: | Name:Address:Postcode:Phone: |

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| **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: |

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| **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: |

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| **SUPPORTING DOCUMENTS CHECKLIST** |
| 1. Proof of insurance (hiring of horses and performing animals only
 | Enclosed: □ To follow: □ |
| 1. Proof of relevant qualification(s) (hiring of horses only)
 | Enclosed: □ To follow: □ |
| 1. Written emergency plan (paragraph 10(1) of schedule 2 of the regulations).
 | Enclosed: □ To follow: □ |
| 1. Written training policy for all staff (paragraph 4(3) of schedule 2 of the regulations).
 | Enclosed: □ To follow: □ |
| 1. Written procedures demonstrating how the accommodation and equipment will be cleaned and maintained (paragraph 5 of schedule 2 of the regulations).
 | Enclosed: □ To follow: □ |
| 1. Fee
 | Enclosed: □ |

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| **DECLARATION** |
| **Fraud Act 2006**I hereby declare that I fully understand, have read and checked the details and questions on pages 1 to 7 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:...................................................... |