

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"

Reference number

companies house

Registration Number

4.2

1 4 4				
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			
3.2	Address Email			
3.3	Email			
3.3	Email Main telephone number	Yes	No	
3.3 3.4 3.5	Email Main telephone number Other telephone number Are you applying as a business or	Yes Yes	No No	
3.3 3.4 3.5 3.6 3.7	Email Main telephone number Other telephone number Are you applying as a business or organisation, including a sole trader Are you applying as an individual			
3.3 3.4 3.5 3.6	Email Main telephone number Other telephone number Are you applying as a business or organisation, including a sole trader			

4a	Applicant Business													
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	our off	ficial	add	ress	– Tł	ne addre	ess r	equii	red	of y	ou by	y 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													
5a	Type of Application													
	Type of Application Commercial Home		T	_										
5.1	Boarding Boarding	<u> </u>		Da	y Ca	re			1					
5.2	Type of Application	1	New				Renewa	al						
5.3	Existing licence number (if applicable)													
5b	Animals to be accommodated													
5.4	Cats	Ye	es/No		Max	imu	m numb	er						
5.5	Dogs		es/No		Max	imu	m numb	er						
5c	Further information about the applica	nt												
5.6	Date of birth													
7	Premises to be licensed													
7.1	Name of premises/trading name													
7.1	Name of premises/trading hame													
7.2	Address of premises													
7.3	Telephone number of premises													
7.4	Email address													
7.5	Do you have planning permission for this business use.						Ye	es/N	0					
8	Accommodation and facilities Details of the quarters used to													
8.1	accommodate animals, including number, size and type of construction													
8.2.	Exercise facilities and arrangements													
8.3	Heating arrangements:													
8.4	Method of ventilation of premises													
8.5	Lighting arrangements (natural & artificial)							_						
8.6	Water supply													

8	Accommodation and facilities	
8.7	Facilities for food storage & preparation	
8.8	Arrangements for disposal of excreta, bedding and other waste material	
8.9	Isolation facilities for the control of infectious diseases	
8.10	Fire precautions/equipment and arrangements in the case of fire	
8.11	Do you keep and maintain a register of animals?	Yes/No
8.12	How do you propose to minimise disturbance from noise?	

9	Veterinary surgeon	
9.1	Name of usual veterinary surgeon	
9.2	Company name	
9.3	Address	
4.4	Telephone number	
4.5	Email address	

10a	Emergency key holder		
10.1	Do you have an emergency key holder?	Yes/No	If no, go to 11.1
10.2	Name		
10.3	Position/job title		
10.4	Address		
10.5	Daytime telephone number		
10.6	Evening/other telephone number		
10.7	Email address		
10.8	Add another person?	Yes/No	If no, go to 11.1
10b	Emergency key holder 2		
10.9	Name		
10.10	Position/job title		
10.11	Address		
10.12	Daytime telephone number		
10.13	Evening/other telephone number		
10.14	Email address		

11	Public liability insurance		
11.1	Do you have public liability insurance?	Yes/No	If no, go to 11.7
11.2	Please provide details of the policy		
11.3	Insurance company		

11.4	Policy number	
11.5	Period of cover	
11.6	Amount of cover (£)	
11.7	Please state what steps you are taking to obtain such insurance	

12	Disqualifications and convictions				
	Has the applicant, or any person who will have cor disqualified from:	ntrol or management of the establishment, ever been			
12.1	Keeping a pet shop?	Yes/No			
12.2	Keeping a dog?	Yes/No			
12.3	Keeping an animal boarding establishment?	Yes/No			
12.4	Keeping a riding establishment?	Yes/No			
12.5	Having custody of animals?	Yes/No			
12.6	Has the applicant, or any person who will have cormanagement of the establishment, been convicted offences under the Animal Welfare Act 2006?				
12.7	Has the applicant, or any person who will have cor management of the establishment, ever had a lice refused, revoked or cancelled?				
12.8	If yes to any of these questions, please provide details,				

13	Additional details	
	Please check local guidance notes and conditions for any additional information which may be required	
13.1	Additional information which is required or may be relevant to the application	

14	Model Licence Conditions & Guidance				
	All applicants to tick that they have read	All applicants to tick that they have read the applicable model licence conditions & guidance			
14.1	Pet Vending				
14.2	Animal Boarding				
14.3	Performing Animals				
14.4	Riding Establishments				
14.5	The Breeding and Sale of Dogs				

15	Additional Information
	Please attach the following Information
15.1	A plan of the premises
15.2	Insurance policy
15.3	Operating procedures
15.4	Risk Assessments (including Fire)
15.5	Infection control procedure
15.6	Qualifications
15.7	Training records

16	Declaration			
16.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.			
16.2	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.			
16.3	Signing this box indicates you have read and understood the above declaration			
16.4	Full Name			
16.5	Capacity			
16.6	Date			

Please return the completed application form and your payment to:

Licensing Department,
North West Leicestershire District Council,
Council Offices,
Whitwick Road,
Coalville,
Leicestershire,
LE67 3FJ.

Or email to <u>Licensing@nwleicestershire.gov.uk</u>

For any enquiries please telephone 01530 454545