

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

Application for a licence to sell animals as pets

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					
4.1	Is your company registered with companies house	Yes		No		If no, go to 4.3
4.2	Registration Number					

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 official address – The address required of you by law to receive all communication	
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

5 Type of Business	
5.1	Pet Shop
5.2	Home Sales
5.3	Internet Sales
5.4	Wholesales
5.5	Third Party Sales
5.6	Hobby Sales
5.7	Sale of animals to the public as pets by means of a fixed or minimum donation
5.8	Other please state

6 Type of Application						
6.1	Type of Application	New		Renewal		If new, go to 6.3
6.2	Existing licence number					
6b Further details about the applicant						
6.3	Do you have any training certificates or qualifications?	Yes / No	If no, go to 6.5			
6.4	Please provide details of training certificates and qualifications					
6.5	Please provide details of relevant experience					
6.6	Date of birth					

7 Premises to be licensed	
7.1	Name of premises/trading name
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.	Yes/No
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8 Accommodation and facilities		
8.1	Number and size of rooms to be used	
8.2	Heating arrangements	
8.3	Method of ventilation of premises	
8.4	Lighting arrangements (natural & artificial)	
8.5	Water supply	
8.6	Facilities for food storage & preparation	
8.7	Arrangements for disposal of excreta, bedding and other waste material	
8.8	Isolation facilities for the control of infectious diseases	
8.9	Fire precautions/equipment and arrangements in the case of fire	
8.10	Do you keep and maintain a register of animals?	Yes / No
8.11	When the premises is closed what arrangements are in place to ensure the welfare of animals.	

9 Animals to be sold					
Please provide details of the animals to be sold					
	Type		Maximum Number	Details of accommodation including size	Age at which to be sold
9.1	Dogs / puppies	Yes/No			
9.2	Cats /kittens	Yes/No			
9.3	Chipmunks	Yes/No			
9.4	Rabbits & cavies	Yes/No			
9.5	Hamsters	Yes/No			
9.6	Rats, mice & gerbils	Yes/No			
9.7	Larger domesticated mammals, e.g. goats, pot-bellied pigs	Yes/No			
9.8	Primates e.g. marmosets	Yes/No			
9.9	Parrots, parakeets and macaws	Yes/No			
9.10	Pigeons	Yes/No			
9.11	Other large birds (please specify)	Yes/No			
9.12	Budgerigars, finches and other small birds	Yes/No			
9.13	Tortoises	Yes/No			
9.14	Snakes and lizards	Yes/No			
9.15	Tropical fish	Yes/No			
9.16	Marine fish	Yes/No			
9.17	Cold water fish	Yes/No			
9.18	Any other species (please specify)	Yes/No			

10 Veterinary surgeon	
10.1	Name of usual veterinary surgeon
10.2	Company name

10	Veterinary surgeon	
10.3	Address	
10.4	Telephone number	
10.5	Email address	

11a	Emergency key holder	
11.1	Do you have an emergency key holder?	Yes/No If no, go to 12.1
11.2	Name	
11.3	Position/job title	
11.4	Address	
11.5	Daytime telephone number	
11.6	Evening/other telephone number	
11.7	Email address	
11.8	Add another person?	Yes/No If no, go to 12.1
11b	Emergency key holder 2	
11.3	Name	
11.4	Position/job title	
11.5	Address	
11.6	Daytime telephone number	
11.7	Evening/other telephone number	
11.8	Email address	

12	Disqualifications and convictions	
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:	
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 control or management of the establishment, been convicted of any offences under the Animal Welfare Act 2006?	Yes/No
12.7	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
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 Additional details	
13	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 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 Licensing@nwleicestershire.gov.uk

For any enquiries please telephone 01530 454545