

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

**Application for a licence to operate an animal boarding establishment**

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| --- | --- | --- |
| **1** | **To Eastleigh Borough Council****I/We.......................................................................................................................................****Of (home address)..............................................................................................................****hereby apply for a Licence to operate an Animal Boarding Establishment at the following premises: ..............................................................................................................................................** |  |
| Surname (BLOCK CAPITALS) First Name (BLOCK CAPITALS)----------------------------------------- --------------------------------------------Surname (BLOCK CAPITALS) First Name (BLOCK CAPITALS)----------------------------------------- --------------------------------------------State whether Mr, Mrs or Miss Age if under 18 |
| Private address (or, if a Company/Partnership/Franchise, name of body and address of Registered Office/franchise holder)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………Telephone Number………………………………………………………………………………………….Email address……………………………………………………………………………………………….. |

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

| **2** | **Type of Application** |  |
| --- | --- | --- |
| 2.1 | Commercial Boarding |  | Home Boarding  |  | Day Care |  |  |  |
| 2.2 | Type of Application | New  |  | Renewal |  |  |  |
| 2.3 | Existing licence number |  |  |
| **2a** | **Animals to be accommodated** |  |
|  | Animals to be accommodated |  |
| 2.4 | Cats | Yes / No | Maximum number |  |  |
| 2.5 | Dogs | Yes / No | Maximum number |  |  |
| **2b** | **Further information about the applicant** |  |
| 2.6 | Date of birth |  |  |

|  |  |  |
| --- | --- | --- |
| **3** | **Premises to be licensed**  |  |
| 3.1 | Name of premises/trading name |  |  |
| 3.2 | Address of premises |  |  |
| 3.3 | Telephone number of premises |  |  |
| 3.4 | Email address |  |  |
| 3.5 | Do you have planning permission for this business use. | Yes / No |  |

| **4** | **Accommodation and facilities** |  |
| --- | --- | --- |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  |  |
| 4.2. | Exercise facilities and arrangements |  |  |
| 4.3 | Heating arrangements: |  |  |
| 4.4 | Method of ventilation of premises |  |  |
| 4.5 | Lighting arrangements (natural & artificial) |  |  |
| 4.6 | Water supply |  |  |
| 4.7 | Facilities for food storage & preparation |  |  |
| 4.8 | Arrangements for disposal of excreta, bedding and other waste material |  |  |
| 4.9 | Isolation facilities for the control of infectious diseases |  |  |
| 4.10 | Fire precautions/equipment and arrangements in the case of fire |  |  |
| 4.11 | Do you keep and maintain a register of animals? | Yes / No |  |  |
| 4.12 | How do you propose to minimise disturbance from noise? |  |  |

| **5** | **Veterinary surgeon** |  |
| --- | --- | --- |
| 5.1 | Name of usual veterinary surgeon |  |  |
| 5.2 | Company name |  |  |
| 5.3 | Address |  |  |
| 5.4 | Telephone number |  |  |
| 5.5 | Email address |  |  |

|  |  |  |
| --- | --- | --- |
| **6** | **Emergency key holder** |  |
| 6.1 | Do you have an emergency key holder? | Yes / No | If no, go to 7.1 |  |
| 6.2 | Name |  |  |
| 6.3 | Position/job title |  |  |
| 6.4 | Address  |  |  |
| 6.5 | Daytime telephone number |  |  |
| 6.6 | Evening/other telephone number |  |  |
| 6.7 | Email address |  |  |
| 6.8 | Add another person? | Yes / No | If yes, continue on a separate sheet |  |

|  |  |  |
| --- | --- | --- |
| **7** | **Public liability insurance** |  |
| 7.1 | Do you have public liability insurance? | Yes / No | If no, go to question 7.6 |  |
|  | If yes, please provide details of the policy |  |
| 7.2 | Insurance company |  |  |
| 7.3 | Policy number |  |  |
| 7.4 | Period of cover |  |  |
| 7.5 | Amount of cover (£m) |  |  |
| 7.6 | Please state what steps you are taking to obtain such insurance |  |  |

| **8** | **Disqualifications and convictions** |  |
| --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: |  |
| 8.1 | Keeping a pet shop?  | Yes / No |  |  |
| 8.2 | Keeping a dog?  | Yes / No |  |
| 8.3 | Keeping an animal boarding establishment? | Yes / No |  |
| 8.4 | Keeping a riding establishment?  | Yes / No |  |
| 8.5 | Having custody of animals?  | Yes / No |  |
| 8.6 | 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 |  |
| 8.7 | 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 |  |
| 8.8 | If yes to any of these questions, please provide details,  |  |  |

| **9** | **Additional details** |  |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required |  |
| 9.1 | Additional information which is required or may be relevant to the application |  |  |
| 9.2 | Are you happy for your name, address and phone number to be passed to enquirers about boarding and for freedom of information requests?  | Yes/No |  |  |

|  |  |  |
| --- | --- | --- |
| **10** | Normal times of attendance at the premises when premises are closed: ………………………………………………………….…………..…………………………………………**(Read the following statement carefully before signing it. A false statement may render you liable to prosecution.)**I/WE DO HEREBY CERTIFY that to the best of my/our knowledge and belief, the above particulars are true.\*Signature…………………………………………………………………………Date……………………Signature………………………………………………………………………….Date…………………… \*If the applicant signs on behalf of a Company or Partnership, state appointment held………………………………………………………………………………………………………Eastleigh Borough Council is committed to your privacy. We will use the information on this form for the purposes of processing, assessing and awarding your licence. Please refer to our full Privacy Notice at [www.eastleigh.gov.uk/privacy](http://www.eastleigh.gov.uk/privacy)  |  |