

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

**Application to register for the exhibition/encounters or training of performing animals**

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| **1** | **To Eastleigh Borough Council****I/We.....................................................................................................................................****Of (Home address).............................................................................................................****hereby apply for a Licence to register for the exhibition/encounters or training of performing animals:****………………………………………………………………………………………………………** |  |
| 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, name of body and address of Registered Office)……………………………………………………………………………………………………………….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 business/performance (please tick)** |
| 2.1 | TV/Film/Social Media |  |
| 2.2 | Theatre |  |
| 2.3 | Circus using domestic animals |  |
| 2.4 | Exhibiting Animals |  |
| 2.5 | Animal Encounters |  |
| 2.6 | Birds of Prey shows/exhibits |  |
| 2.7 | Other please state |  |

| **3** | **Application Details** |  |
| --- | --- | --- |
| 3.1 | Have you been registered/licenced before  | Yes  |  | No |  | If no go to 2b |  |
| 3.2 | Local Authority where registered/licenced |  |  |
| 3.3 | Give details of registration e.g type and numbers of animals, type of performance or exhibition.  |  |  |
| **3b** | **Further information about the applicant** |
| 3.3 | Stage name (if any) |  |
| 3.4 | Nationality  |  |
| 3.5 | Date of birth |  |

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| --- | --- | --- |
| **4** | **Animals to be trained**  |  |
| 4.1 | Name of premises/trading name |  |  |
| 4.2 | Address of premises |  |  |
| 4.3 | Telephone number of premises |  |  |
| 4.4 | Email address |  |  |

| **5** | **Kinds of animal to be trained and the number of each kind** |  |
| --- | --- | --- |
| 5.1 | Kind of animal  |  |  |
| 5.2. | Number  |  |  |
| 5.3 | Add another kind of Animal ? | Yes / No | If yes, continue on another sheet |  |

| **6** | **Kinds of animal to be exhibited/Encounter and the number of each kind** |  |
| --- | --- | --- |
| 6.1 | Kind of animal  |  |  |
| 6.2. | Number  |  |  |
| 6.3 | Add another kind of Animal ? | Yes / No | If yes, continue on another sheet |  |

| **7** | **Proposed Performance or Encounter** |  |
| --- | --- | --- |
| 7.1 | Describe the nature of the performance (s) in which the animals will be exhibited or for which they are to be trained, mentioning any apparatus which is used for the purpose of the performance. The description must be sufficient to give a general idea of what is done by the animals taking part.in the performance.If it is an animal encounter please give details of what type of encounter and where these are to take place.  |  |  |
| 7.2 | Approximate duration of the performance (s) |  |  |
| 7.3 | Number of times the performance will be given in one day. |  |  |
| 7.4 | How will the animals be transported |  |  |
| 7.6 | Where are the animals to be kept when not performing or being exhibited.  |  |  |

| **8** | **Veterinary surgeon** |  |
| --- | --- | --- |
| 8.1 | Name of usual veterinary surgeon |  |  |
| 8.2 | Company name |  |  |
| 8.3 | Address |  |  |
| 8.4 | Telephone number |  |  |
| 8.5 | Email address |  |  |

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| --- | --- | --- |
| **9** | **Emergency key holder** |  |
| 9.1 | Do you have an emergency key holder? | Yes / No | If no, go to 9.1 |  |
| 9.2 | Name |  |  |
| 9.3 | Position/job title |  |  |
| 9.4 | Address  |  |  |
| 9.5 | Daytime telephone number |  |  |
| 9.6 | Evening/other telephone number |  |  |
| 9.7 | Email address |  |  |
| 9.8 | Add another person? | Yes / No | If yes, continue on another sheet |  |

|  |  |  |
| --- | --- | --- |
|  | **Public Liability Insurance** |  |
| 10.1 | Do you have public liability insurance? | Yes / No | If no, go to question 10.6 |  |
|  | If yes, please provide details of the policy |  |
| 10.2 | Insurance company |  |  |
| 10.3 | Policy number |  |  |
| 10.4 | Period of cover |  |  |
| 10.5 | Amount of cover (£m) |  |  |
| 10.6 | Please state what steps you are taking to obtain such insurance |  |  |

| **11** | **Disqualifications and convictions** |  |
| --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: |  |
| 11.1 | Keeping a pet shop?  | Yes / No |  |  |
| 11.2 | Keeping a dog?  | Yes / No |  |
| 11.3 | Keeping an animal boarding establishment? | Yes / No |  |
| 11.4 | Keeping a riding establishment?  | Yes / No |  |
| 11.5 | Having custody of animals?  | Yes / No |  |
| 11.6 | 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 |  |
| 11.7 | 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 |  |
| 11.8 | If yes to any of these questions, please provide details  |  |  |

| **12** | **Additional details** |  |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required |  |
| 12.1 | Additional information which is required or may be relevant to the application |  |  |

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| --- | --- | --- |
| **13** | 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) |  |