

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

The information we collect on this form is necessary to process your application under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018**.** The lawful basis is Legal Obligation – processing is necessary for compliance with a legal obligation to which the Council as Data Controller is subject. We will keep your information on file in line with our retention schedule (<http://www.havant.gov.uk/publication-scheme>). If you have queries or concerns on how we use your information, please contact governance@havant.gov.uk

SECTION 1 - Standard applicant profile

|  |  |
| --- | --- |
| **1** | **Reference number** |
| 1.1 | System reference Number (if known) |  |
| 1.2 | Your reference (if known) |  |
|  | Please complete all the questions in the form.If you have nothing to record, please state "Not applicable" or "None" |
| **2a** | **Agent** |
| 2.1 | Are you an agent acting on behalf of the applicant | Yes |[ ]  No |[ ]  **If No, go to 3.1** |
| **2b** | **Your reference (if known)** |
| 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 ororganisation, 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 withcompanies house  | Yes |[ ]  No |[ ]  **If No, go to 4.3** |
| 4.2  | Registration Number |  |
| 4.3  | Is your business registered outside theUK |  |
| 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 islocated. |  |
| **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 |  |

SECTION 2 - **Application for a licence to sell animals as pets**

|  |  |  |  |
| --- | --- | --- | --- |
| **1a** | **Type of Business** |  |  |
| 1.1 | Pet Shop |  |  |  |  |  |
| 1.2 | Home Sales |  |
| 1.3 | Internet Sales |  |  |  |  |  |
| 1.4 | Wholesales |  |  |  |  |  |
| 1.5 | Third Party Sales |  |  |  |  |  |
| 1.6 | Hobby Sales |  |  |  |  |  |
| 1.7 | Sales of animals to the public as pets by means of a fixed or minimum donation |  |  |  |  |  |
| 1.8 | Other please state |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| **2** | **Type of Application** |
| 2.1 | Type of Application | New |[ ]  Renewal |[ ]  **If New, go to 2.3** |
| 2.2 | Existing licence number |  |
| **2b** | **Further information about the applicant** |

|  |  |  |  |
| --- | --- | --- | --- |
| 2.3 | Do you have any training certificates orqualifications? | Yes |[x]  **If no, go to 2.5** |
| 2.4 | Please provide details of training certificates and qualifications |  |
| 2.5 | Please provide details of relevant experience |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.3 | Age | Over 18 |[ ]  Under 18 |[ ]   |

|  |  |
| --- | --- |
|  |  |
| **3**  | **Premises to be licenced** |  |
| 3.1 | Name of premises/trading name |  |
| 3.2 | Address of premises |  |
| 3.3 | Telephone of premises |  |
| 3.4 | Email address |  |
| 3.5 | Do you have planning permission for this business |  |
|  |  |  |
| **4** | **Accommodation and facilities**  |
| 4.1 | Number and size of rooms to be used |  |
| 4.2 | Heating arrangements |  |
| 4.3 | Method of Ventilation of premises |  |
| 4.4 | Lighting Arrangements |  |
| 4.5 | Water supply |  |
| 4.6 | Facilities for food storage & preparation |  |
| 4.7 | Arrangements for disposal of excreta, bedding and other waste material  |  |
| 4.8 | Isolation facilities for the control of infectious diseases |  |  |
| 4.9 | Fire Precautions/ equipment and arrangements in cases of fire  |  |  |
| 4.10 | Do you keep and maintain a register of animals? | Yes |[ ]  No |[ ]
| 4.11 | When the premises is closed what arrangements are in place to ensure the welfare of animals  |  |
|  |  |  |
| **5** |  **Animals to be sold**  |
|  | Please provide details of the animals to be sold  |
|  | Type |  | Maximum Number  | Details of Accommodation including size  |
| 5.1 | Dogs/ puppies |[ ]   |  |
| 5.2 | Cats/ kittens |[ ]   |  |
| 5.3 | Chipmunks |[ ]   |  |
| 5.4 | Rabbits & cavies |[ ]   |  |
| 5.5 | Hamsters |[ ]   |  |
| 5.6 | Rats, mice & gerbils |[ ]   |  |
| 5.7 | Larger domesticated mammals, e.g goats, pot bellied pigs |[ ]   |  |
| 5.8 | Primates e.g marmosets |[ ]   |  |
| 5.9 | Parrots, parakeets and macaws |[ ]   |  |
| 5.10 | Pigeons |[ ]   |  |
| 5.11 | Other large birds (please specify) |[ ]   |  |
| 5.12 | Budgerigars, finches and other small birds |[ ]   |  |
| 5.13 | Tortoises |[ ]   |  |
| 5.14 | Snakes and Lizards |[ ]   |  |
| 5.15 | Tropical fish |[ ]   |  |
| 5.16 | Marine fish |[ ]   |  |
| 5.17 | Cold water fish |[ ]   |  |
| 5.18 | Any other species ( please specify) |[ ]   |  |
|  |  |
| **6** | **Veterinary surgeon** |
| 6.1 | Name of usual Veterinary surgeon |  |
| 6.2 | Company Name |  |
| 6.3 | Address |  |
| 6.4 | Telephone number |  |
| 6.5 | Email address |  |
|  |
| **7** | **Emergency Key Holder**  |
| 7.1 | Do you have an emergency Key holder ? |  | If no go to 9.1  |
| 7.2  | Name |  |  |  |
| 7.3 | Position/ job title |  |  |  |
| 7.4 | Address  |  |  |  |
| 7.5 | Daytime telephone number |  |  |  |
| 7.6 | Evening/ other telephone number |  |  |  |
| 7.7 | Email address  |  |  |  |
| 7.8 | Add another Person  |  | If no go to 9.1 |  |
| **8** | **Emergency Key Holder 2** |
| 8.3 | Name |  |
| 8.4 | Position/ job title |  |
| 8.5 | Address  |  |
| 8.6 | Daytime telephone number |  |
| 8.7 | Evening/ other telephone number |  |
| 8.8 | Email address  |  |
|  |
| **9** | **Disqualifications and convictions**  |
|  | Has the applicant, or any person who will have control or management of the establishment, ever beendisqualified from: |
| 9.1  | Keeping a pet shop?  | Yes |[ ]  No |[ ]   |
| 9.2  | Keeping a dog?  | Yes |[ ]  No |[ ]   |
| 9.3  | Keeping an animal boarding establishment?  | Yes |[ ]  No |[ ]   |
| 9.4  | Keeping a riding establishment?  | Yes |[ ]  No |[ ]   |
| 9.5  | Having custody of animals?  | Yes |[ ]  No |[ ]   |
| 9.6 | 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 |[ ]   |
| 9.7 | Has the applicant, or any person who will have control ormanagement of the establishment, ever had a licencerefused, revoked or cancelled? | Yes |[ ]  No |[ ]   |
| 9.8  | If yes to any of these questionsPlease provide details, |  |
|  |
| **10** | **Additional details**  |
|  | Please check local guidance notes and conditions for any additional information which may be required |
| 10.1 | Additional information which isrequired or may be relevant tothe application |  |
| SECTION 3 - Standard declaration section |
| **1**  | **Model Licence Conditions & Guidance**  |  |
|  | “All applicants to tick that they have read the applicable model licence conditions & guidance found at <http://www.havant.gov.uk/animal-welfare-regulations-2018> |
| 1.1  | Pet Vending |[ ]   |  |  |
| 1.2  | Animal Boarding |[ ]   |  |  |
| 1.3  | Performing Animals |[ ]   |  |  |
| 1.4  | Riding Establishments |[ ]   |  |  |
| 1.5  | The Breeding and Sale of Dogs |[ ]   |  |  |
|  |  |  |  |  |
| **2** | **Additional information**  |  |  |  |
|  | Please attach the following Information |  |  |  |
| 2.1  | A plan of the premises |[ ]   |[ ]   |
| 2.2 | Operating procedures |[ ]   |[ ]   |
| 2.3  | Risk Assessments (including Fire) |[ ]   |[ ]   |
| 2.4  | Infection control procedure |[ ]   |[ ]   |
| 2.5  | Qualifications |[ ]   |[ ]   |
| 2.6  | Training records |[ ]   |[ ]   |
|  |  |  |  |  |
| **3**  | **Declaration** |  |[ ]   |
| 3.1  | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. |  |  |  |
| 3.2  | 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. |  |  |  |
| 3.3  | Signing this box indicates you have readand understood the above declaration |  |  |  |
| 3.4  | Full Name |  |  |  |
| 3.5  | Capacity |  |  |  |
| 3.6  | Date |  |  |  |

For queries please contact ehealth@Havant.gov.uk or tel 023 9244 6670