

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 hire out horses**

|  |  |
| --- | --- |
| **1a** | **Type of Application** |
| 1.1 | Type of Application | New |[ ]  Renewal |[ ]  **If New, go to 1.3** |
| 1.2 | Existing licence number |  |
| **1b** | **Further information about the applicant** |
| 1.3 | Age | Over 18 |[ ]  Under 18 |[ ]   |
|  |
| **2**  | **Establishment to be licensed** |  |
| 2.1  | Name of premises/trading name |  |
| 2.2  | Address of premises |  |
| 2.3  | Telephone number |  |
| 2.4  | Email address |  |
| 2.5  | Is the establishment open throughout theyear?  | Yes |[ ]  No |[ ]  **If No, go to 4.3** |
| 2.6  | When is it normally open? |  |
| 2.7  | Do you have planning permission for thisbusiness use.  | Yes |[ ]  No |[ ]  **If No, go to 4.3** |
|  |
| **3**  | **Accommodation and facilities** |
| **3a** | **Please describe the accommodation available for horses:** |
| 3.1  | Stalls (please give the number) |  |
| 3.2  | Boxes (please give the number) |  |
| 3.3  | Covered yard (please give dimensions) |  |
| 3.4  | Open yard (please give dimensions) |  |
| **3b** | **Please describe the land available for:** |
| 3.5  | Grazing |  |
| 3.6  | Instructing or demonstrating |  |
| 3.7  | Exercise |  |
| **3c** | **Please describe the accommodation available for:** |
| 3.8  | Forage and bedding |  |
| 3.9  | Equipment and saddlery |  |
| **3d** | **Please describe the arrangements in place for:** |
| 3.10  | Water supply and watering horses |  |
| 3.11  | Disposal of animal waste |  |
| 3.12  | Protection of horses in event of a fire, andfire precautions |  |
|  |
| **4a**  | **Horses - Please provide details of all the horses currently kept** |
| 4.1  | How many horses are kept under theterms of the Act at the present time? |  |
| 4.2 | How many horses is it intended to keepunder the terms of the Act during theyear? |  |
| **4b**  | **Horse 1** |
| 4.3  | Name of horse |  |
| 4.4  | Description including size |  |
| 4.5  | Sex |  |
| 4.6  | Age |  |
| 4.7  | Horse passport number |  |
| 4.8  | Purpose for which horse is kept |  |
| 4.9  | Age range of people who ride this horse |  |
| 4.10  | Add another horse?  | Yes |[ ]  No |[ ]  **If No, go to 5.1** |
| **4c**  | **Horse 2** |
| 4.11  | Name of horse |  |
| 4.12  | Description including size |  |
| 4.13  | Sex |  |
| 4.14  | Age |  |
| 4.15  | Horse passport number |  |
| 4.16  | Purpose for which horse is kept |  |
| 4.17  | Age range of people who ride this horse |  |
| 4.18  | Add another horse?  | Yes |[ ]  No |[ ]  **If No, go to 5.1** |
| **4d**  | **Horses 3** |
| 4.19  | Name of horse |  |
| 4.20  | Description including size |  |
| 4.21  | Sex |  |
| 4.22  | Age |  |
| 4.23  | Horse passport number |  |
| 4.24  | Purpose for which horse is kept |  |
| 4.25  | Age range of people who ride this horse |  |
| 4.26  | If you intend to hire out further horses please attach a separate list of these with the information requested in questions 4.3 to 4.10 for each. |
|  |
| **5**  | **Management of the establishment** |
| 5.1  | Name & Address of the manager/person with direct control of theestablishment |  |
| 5.2  | Does the manager have any of the following certificates? (tick all that apply) |  |
|  | Assistant Instructor’s Certificate of the British Horse Society |  |
|  | Intermediate Instructor’s Certificate of the British Horse Society |  |
|  | Instructor’s Certificate of the British Horse Society |  |
|  | Fellowship of the British Horse Society |  |
|  | Fellowship of the Institute of the Horse |  |
|  | None of the above |  |
| 5.3  | Please give details of the manager’s experience in themanagement of horses |  |
| 5.4  | Does a responsible person live at the establishment?  | Yes |[ ]  No |[ ]   |
| 5.5  | What are the arrangements in the event of an emergency? |  |
| 5.6  | Will a person who is under 16 years of age be left in charge of theestablishment at any time?  | Yes |[ ]  No |[ ]   |
| 5.7 | Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)? | Yes |[ ]  No |[ ]   |
|  |
| **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**  | **Public liability insurance** |
| 7.1  | Do you have public liability insurance?  | Yes |[ ]  No |[ ]  **If no, go to 7.10**  |
| 7.2  | Please provide details of the policy |  |
| 7.3  | Insurance company |  |
| 7.4  | Policy number |  |
| 7.5  | Period of cover |  |
| 7.6  | Amount of cover (£) |  |
|  | **Does this policy:** |
| 7.7 | Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment? | Yes |[ ]  No |[ ]   | **If yes to all, go to 8.1** |
| 7.8  | Insure against liability arising out of such hire or use of a horse?  | Yes |[ ]  No |[ ]   |  |
| 7.9 | Insure such hirers or users in respect of any liability which may be incurred bythem in respect of injury to any person caused by, or arising from, such hire oruse? | Yes |[ ]  No |[ ]   |  |
| 7.10  | Please state what steps you are taking toobtain such insurance |  |
|  |
| **8**  | **Disqualifications and convictions**  |
|  | Has the applicant, or any person who will have control or management of the establishment, ever beendisqualified 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 ormanagement of the establishment, ever had a licencerefused, revoked or cancelled? | Yes |[ ]  No |[ ]   |
| 8.8  | If yes to any of these questionsPlease 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 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  | Insurance policy |  |[ ]   |
| 2.3  | Operating procedures |  |[ ]   |
| 2.4  | Risk Assessments (including Fire) |  |[ ]   |
| 2.5  | Infection control procedure |  |[ ]   |
| 2.6  | Qualifications |  |[ ]   |
| 2.7  | 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