**Privacy Statement**

Havant Borough Council need to process your data to comply with a legal obligation primarily under The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. You have a number of rights on how your data is used, including the right to object, for more information on your rights see: <https://www.havant.gov.uk/privacy-policy>

|  |  |
| --- | --- |
|  | **APPLICATION TO RENEW A LICENCE TO KEEP OR TRAIN ANIMALS FOR PERFORMANCE OR EXHIBITION** The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 |

**I HEREBY APPLY to Havant Borough Council to renew, subject to the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018, a licence to keep and/or train animals for exhibition.**

**1. APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Title** | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]  (Please specify) |
| **Surname**  |       |
| **Forename(s)**  |       |
| **I confirm that I am at least 18 years of age***Please note that you must be 18+ years old to hold a licence.* |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Address** |       |
| **Postcode** |       |
| **Contact telephone number** |       |
| **Email address** |       |

**2. BUSINESS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this application being made in connection with a business?** *If YES, please complete details below. If NO, proceed to Section 3.*  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Business / Trading Name** |       |
| **Registration Number**  |       |
| **Registered / Head Office Address** |       |
| **Postcode** |       |
| **Business telephone number** |       |
| **Business email address** |       |

**3. PREMISES DETAILS**

|  |  |
| --- | --- |
| **Address of premises to be licensed**  |  |
| **Postcode** |  |
| **Premises telephone number** |  |
| **Premises email address** |  |
| **I understand that I may require planning permission to use my premises for the specified licensable activities.** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |

**4. TYPE OF BUSINESS, EXHIBITION OR PERFORMANCE**

|  |
| --- |
| **Please indicate the type of business, exhibition or performance:**  |
| **Television / Film / Social Media**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Theatre** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Circus using Domestic Animals** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Animal Encounters** |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Birds of Prey / Exhibits**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Other (please provide details)**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
|  |

**5. ANIMALS TO BE ACCOMODATED**

|  |
| --- |
| **Please complete the boxes below for each kind of animal to be TRAINED and the number of each species.**  |
| **Type of Animal** | **Maximum Number** |
|  |  |
|  |  |
|  |  |

**Please continue on a separate sheet if necessary.**

|  |
| --- |
| **Please complete the boxes below for each kind of animal to be EXHIBITED and the number of each species.**  |
| **Type of Animal** | **Maximum Number** |
|  |  |
|  |  |
|  |  |

**Please continue on a separate sheet if necessary.**

|  |
| --- |
| **Please 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 being 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** |
|  |
| **Please state the approximate duration of the performance(s)** |  |
| **Please state the number of times the performance will be given in one day**  |  |
| **Please explain how the animals will be transported** |  |
| **Please state where the animals are to be kept when not performing or being exhibited** |  |

**6. ACCOMODATION AND FACILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have there been any modifications to your premises since the last inspection?** **If YES, please provide details below.**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
|  |

**7. VETERINARY SURGEON**

|  |  |
| --- | --- |
| **Name of usual veterinary surgeon**  |       |
| **Company name** |       |
| **Address** |       |
| **Postcode** |       |
| **Contact telephone number** |       |
| **Email address** |       |

**8. EMERGENCY KEY HOLDER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have an emergency key holder?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Full name**  |       |
| **Address** |       |
| **Postcode** |       |
| **Daytime telephone number** |       |
| **Evening telephone number** |       |
| **Email address** |       |

**9. PUBLIC LIABILITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have public liability insurance?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No[ ]  |

 |
| **Insurance company**  |       |
| **Policy number**  |       |
| **Please provide details of the policy** |       |
| **Period of cover** |       |
| **Amount of cover (£)** |       |

**10. DISQUALIFICATIONS AND CONVICTIONS**

|  |
| --- |
| **Has the applicant, or any person who will have control or management of the premises, ever been disqualified from:**  |
| **Keeping a pet shop**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Keeping a dog** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Keeping an animal boarding establishment** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Keeping a riding establishment** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Having custody of animals** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Has the applicant, or any person who will have control or management of the premises, ever been convicted of any offences under the Animal Welfare Act 2006?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, suspended or revoked?**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **If ‘YES’ to any questions in Section 9, please provide details.**  |
|       |

**11. SUPPLEMENTARY DOCUMENTS**

|  |
| --- |
| **I confirm that I have attached the following documents:**  |
| **A plan of the premises** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Operating procedures** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Risk assessments (including fire)** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Infection control procedures** |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Qualifications**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| **Training records**  |

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |

**12. DECLARATION**

|  |
| --- |
| **This section must be completed by the applicant.** *If you are an agent applying on behalf of the applicant, please ensure that this section is completed by the applicant.*  |
| **I agree to permit an officer and / or a veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises which are the subject of this application. I agree for photographs to be taken as part of the inspection.** **I declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.** **I understand that my application is not valid without payment of the application fee, and that a member of staff will contact me to take payment via telephone with a credit/debit card.** **I confirm that I have read and understood the privacy notice, and that I am aware of the provisions of the relevant legislation and the model licence conditions which I will comply with at all times.** |
| **By signing below I agree to the above declarations.**  |
| **Applicant signature** |       |
| **Full name** |       |
| **Date** |       |