**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 BREEDING OF DOGS LICENCE**  The Animal Welfare (Licensing of Activities Involving Animals)  (England) Regulations 2018 |

**I HEREBY APPLY to Havant Borough Council to grant to me, subject to the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018, a licence to breed dogs.**

**1. APPLICANT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Licence number** | | |  | | |
| **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. ANIMALS TO BE ACCOMODATED**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Breed of dogs concerned** | |  | | | | | | | |
| **Number of Bitches kept** | |  | | | | | | | |
| **Owned by applicant.** | |  | **Co-Owned by the applicant** | |  | | **On breeding terms** |  |
| **Ages of Bitches kept** | |  | | | | | | |
| **Number of caesarean sections** | |  | | | | | | |
| **Number of Studs** | |  | | | | | | |
| **Owned by applicant.** | |  | **Co-Owned by the applicant** | |  | | **On breeding terms** |  |
| **Ages of Studs kept** | |  | | | | | | |
| **Animals to be accommodated;** | |  | | | | | | |
| **Wholly indoors** |  | **Wholly outdoors** | |  | | **Both indoors and outdoors** | |  |

**5. ACCOMODATION AND FACILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have there been any modifications to your premises since the last inspection?**  **If YES, please provide details below.** | |  |  | | --- | --- | | Yes | No | |
|  | |

**6. VETERINARY SURGEON**

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

**7. EMERGENCY KEY HOLDER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have an emergency key holder?** | | | | | |  |  | | --- | --- | | Yes | No | |
| **Full name** | | |  | | |
| **Address** |  | | | | |
| **Postcode** |  | | | | |
| **Daytime telephone number** | | | |  | |
| **Evening telephone number** | | | |  | |
| **Email address** | |  | | | |

**8. 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 8, please provide details.** | |
|  | |

**9. 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 | |

**10. 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** |  |