**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 FOR HOME BOARDING (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 provide home boarding for dogs.**

**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. ANIMALS TO BE ACCOMODATED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dogs**  |

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

 | **Maximum number**  |  |
| **Please provide details of any other animals kept on the premises, i.e. pets**  |
|  |

**5. ACCOMODATION AND FACILITIES**

|  |
| --- |
| **Details of the quarters used to accommodate animals, including the number, size and type of construction.**  |
|       |
| **Exercise facilities and arrangements** |
|       |
| **Heating arrangements**  |
|       |
| **Method of ventilation**  |
|       |
| **Lighting arrangements (natural and artificial)**  |
|       |
| **Water supply**  |
|       |

|  |
| --- |
| **Facilities for food preparation and storage**  |
|       |
| **Arrangements for disposal of excreta, bedding and other waste material**  |
|       |
| **Isolation facilities for the control of infectious diseases**  |
|       |
| **Fire precautions / equipment and arrangements in case of fire**  |
|       |
| **Proposals to minimise disturbance from noise**  |
|       |
| **Do you keep and maintain a register of animals accommodated?**  |

|  |  |
| --- | --- |
| 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. 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 (£)** |       |

**9. 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 [ ]  |

 |
| **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.**  |
|       |

**10. 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 [ ]  |

 |

**11. 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** |       |