**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 RIDING ESTABLISHMENT 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 for a riding establishment.**

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Horses** |

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

 | **Maximum number**  |  |
| **How many horses are kept under the terms of the Act at the present time?** |  |
| **How many horses is it intended to keep under the terms of the Act during the year?**  |  |

**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. MANAGEMENT OF THE ESTABLISHMENT**

|  |  |
| --- | --- |
| **Name & Address of the manager/person with direct control of the establishment** |       |
| **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 |  [ ]  |
| **Please give details of the manager’s experience in the management of horses** |       |
| **Does a responsible person live at the establishment?** |       |
| **What are the arrangements in the event of an emergency?** |       |
| **Will a person who is under 16 years of age be left in charge of the establishment at any time?** |       |
| **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)?** |       |

**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 (£)** |       |
| **Does this policy;** |
| **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 Section 10.**  |
| **Insure against liability arising out of such hire or use of a horse?** |

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

 |
| **Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use?** |

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

 |
| **Please state what steps you are taking to obtain such insurance.** |       |

**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 [ ]  |

 |
| **Insurance policy** |

|  |  |
| --- | --- |
| 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** |       |