



The Animal Welfare (Licensing of Activities Involving Animals) Regulations 2018

Licensing, Town Hall, Feethams, Darlington. DL1 5QT

Telephone: 01325 405888 Fax: (01325) 405983

Web site: <http://www.darlington.gov.uk>

Email: licensing@darlington.gov.uk

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

Section 1 Reference Numbers

System Reference Number

Your Reference

Section 2 Agent Details

2.1 Are you an agent acting on behalf of the applicant Yes No If No go to 3

2.2 Mr Mrs Miss Ms Other

2.3 Forenames

Surname

2.4 Address

Post Code

2.5 Email

2.6 Main telephone No

2.7 Other Numbers

Section 3 Applicant Details

3.1 Mr Mrs Miss Ms Other

3.2 Forenames

Surname

3.3 Address

Post Code

3.4 Email

3.5 Main telephone No

2.6 Other Numbers

Date of Birth

2.7 Applying as a business or organisation including a sole trader Yes No

2.8 Applying as an individual

Yes

No

Section 4 Applicant Business

4.1 Is your company registered with companies house Yes No If No go to 4.3

4.2 Registration Number

4.3 Is your business registered outside the UK

Yes

No

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 is located.

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 City or Town

4.11 County

4.13 Post Code

Country

Application for a licence to operate an animal boarding establishment

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

1. Type of Application			
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Home Boarding	<input type="checkbox"/>	<input type="checkbox"/> Franchise* <input type="checkbox"/>

*** Please note if you are applying for a franchise you will need to provide details at Section 8 of this form, of each host with a declared amount of payments made to each host in a calendar year**

Animals to be accommodated	Dogs	<input type="checkbox"/>	Maximum Number	
	Cats	<input type="checkbox"/>	Maximum Number	

2. Premises to be Licensed	
Name of Premises or Trading Name	
Address of Premises	
Telephone number of Premises	
Email address	
Do you have planning permission for this business use	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Accommodation and facilities	
Details of the quarters used to accommodate animals, including number, size and type of construction	
Exercise facilities and arrangements	
Heating Arrangements	
Method of Ventilation of premises	
Lighting arrangements (natural and artificial)	

Water Supply

--

Facilities for food storage & preparation

--

Arrangements for disposal of excreta, bedding and other waste material

--

Isolation facilities for the control of infectious diseases

--

Fire precautions/equipment and arrangements in the case of fire

--

Do you keep and maintain a register of animals?

Yes

No

How do you propose to minimise disturbance from noise?

--

4. Veterinary Surgeon

Name of usual veterinary surgeon

--

Company name

--

Address

--

Telephone number

--

Email address

--

5. Emergency Key Holder

Do you have an emergency key holder?

Yes

No

If No go to 6.

Name

--

Position/job title

--

Address

--

Daytime telephone number

--

Other telephone number

--

Email address

--

Add another person?

Yes

No

If yes please complete the additional key holder form

6. Public Liability Insurance

Do you have public liability insurance?

Yes

No

If No please give details below *

If yes, please provide details of the policy

Insurance company

Policy number

Period of cover

Amount of cover (£m)

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

7. Disqualifications and Convictions

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:

Keeping a pet shop?

Keeping a dog?

Keeping an animal boarding establishment?

No

Keeping a riding establishment?

No

Having custody of animals

No

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?

No

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

If yes to any of these questions, please provide details

Additional Details

Please check local guidance notes and conditions for any additional information which may be required

Additional information which is required or may be relevant to the application

8. Host Details			
	Name	Address	Annual Payment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

1. Standard payment and declaration section

2. Model Licence Conditions & Guidance

All applicants to tick that they have read the applicable model licence conditions & guidance

Pet Vending	<input type="checkbox"/>	Animal Boarding	<input type="checkbox"/>
Performing Animals	<input type="checkbox"/>	Riding Establishments	<input type="checkbox"/>
The Breeding and Sale of Dogs	<input type="checkbox"/>		

3. Additional Information

Please attach the following Information	Please ✓
A plan of the premises	<input type="checkbox"/>
Insurance policy	<input type="checkbox"/>
Operating procedures	<input type="checkbox"/>
Risk Assessments (including Fire)	<input type="checkbox"/>
Infection control procedure	<input type="checkbox"/>
Qualifications	<input type="checkbox"/>
Training records	<input type="checkbox"/>

Declaration

This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.

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.

Ticking this box indicates you have read and understood the above declaration

Full Name	<input type="text"/>
Capacity	<input type="text"/>
Date	<input type="text"/>