



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 sell animals

Please complete all the questions in the form.

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

1. Type of Business

- | | | |
|---|---|--------------------------|
| a | Pet Shop | <input type="checkbox"/> |
| b | Home Sales | <input type="checkbox"/> |
| c | Internet Sales | <input type="checkbox"/> |
| d | Wholesales | <input type="checkbox"/> |
| e | Third Party Sales | <input type="checkbox"/> |
| f | Hobby Sales (Pet Fairs) | <input type="checkbox"/> |
| g | Sale of animals to the public as pets by means of a fixed or minimum donation | <input type="checkbox"/> |
| h | Other please state | <input type="text"/> |

2. Type of Application

Grant Renewal Existing licence number

If new to go

Do you have any training certificates or qualifications? Yes No

If Yes please provide details of training certificates and qualifications

Please provide details of relevant experience

3. 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 No

4. Accommodation and facilities

Number and Size of Rooms to be used

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

5. Do you keep and maintain a register of animals?

Yes

No

6. When the premises is closed what arrangements are in place to ensure the welfare of animals?

7. Animals to be sold

	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>	No				
Other large birds (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

8. Veterinary Surgeon

Name of usual veterinary surgeon

Company name

Address

Telephone number

Email address

9. 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

10. 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**

11. 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?

Keeping a riding establishment?

Having custody of animals

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?

Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? Yes No

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

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"/>