

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 a dog breeding 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

Grant	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Existing licence number	<input style="width: 90%;" type="text"/>
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2. Animals to be accommodated

Wholly Indoors	<input type="checkbox"/>	Wholly Outdoors	<input type="checkbox"/>	Combination of indoors & outdoors	<input type="checkbox"/>
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Breeds of Dogs concerned	<input style="width: 98%;" type="text"/>
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Number of Bitches Kept	<input style="width: 98%;" type="text"/>
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Owned by Applicant	<input type="checkbox"/>	Co Owned by Applicant	<input type="checkbox"/>	On Breeding Terms	<input type="checkbox"/>
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Details of Ages of Bitches	<input style="width: 98%;" type="text"/>
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Number of Studs Kept	<input style="width: 98%;" type="text"/>
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Owned by Applicant	<input type="checkbox"/>	Co Owned by Applicant	<input type="checkbox"/>	On Breeding Terms	<input type="checkbox"/>
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Details of Ages of Studs	<input style="width: 98%;" type="text"/>
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3. Premises to be Licensed

Name of Premises or Trading Name	<input style="width: 98%;" type="text"/>
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Address of Premises	<input style="width: 98%;" type="text"/>
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Telephone number of Premises	<input style="width: 98%;" type="text"/>
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Email address	<input style="width: 98%;" type="text"/>
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Do you have planning permission for this business use	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4. Accommodation and facilities

Details of the quarters used to accommodate animals, including number, size and type of construction

Exercise facilities and arrangements

Heating Arrangements

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Method of Ventilation of Premises

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Lighting Arrangements (natural and artificial)

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Water Supply

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Facilities for Food Storage & Preparation

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Arrangements for Disposal of Excreta, Bedding and other Waste Material

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Isolation Facilities for the Control of Infectious Diseases

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Fire Precautions/Equipment and Arrangements in the Case of Fire

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5. Do you keep and maintain a register of animals? Yes No

6. How do you propose to minimise noise disturbance from the premises

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7. Veterinary Surgeon

Name of usual veterinary surgeon	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

8. Emergency Key Holder

Do you have an emergency key holder? Yes No If No go to 9

Name	<input type="text"/>
Position/job title	<input type="text"/>
Address	<input type="text"/>
Daytime telephone number	<input type="text"/>
Other telephone number	<input type="text"/>
Email address	<input type="text"/>
Add another person? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete the additional key holder form	

9. 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	<input type="text"/>
Policy number	<input type="text"/>
Period of cover	<input type="text"/>
Amount of cover (£m)	<input type="text"/>

***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 establishment, 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 establishment, 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, 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"/>
Microchip Numbers	<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"/>