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

**APPLICATION FOR A LICENCE TO OPERATE AN**

**ANIMAL BOARDING ESTABLISHMENT**

Renewal

New

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS**  **(Applicant must be the individual(s) who will carry on the licensable activity)**  To be completed in **BLACK** ink \* Please delete as appropriate – | | | | | | | | |
| Full Name of Applicant | | Please indicate title (i.e. Mr, Mrs, Miss, Ms etc.) | | | | | | |
| Address  of Applicant | | Postcode  We will use this address for correspondence unless you say otherwise | | | | | | |
| Date of Birth for Applicant | |  | | | | | | |
| Contact Numbers for Applicant | | Landline  Mobile | | | | | | |
| Email Address for Applicant | |  | | | | | | |
|  | | | | | | **YES** | | **NO** |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a pet shop? | | | | | |  | |  |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a dog? | | | | | |  | |  |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping an animal boarding establishment? | | | | | |  | |  |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a riding establishment? | | | | | |  | |  |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from 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? | | | | | |  | |  |
| If Yes, to any of the above then please provide details:- | | | | | | | | |
|  | | | | | | **YES** | | **NO** |
| Do you have planning consent for business use? | | | | | |  | |  |
| Is your business certified by a UKAS-accredited body with 3 or more years of compliance history? | | | | | |  | |  |
| Do you have public liability insurance? | | | | | |  | |  |
| If NO please state what steps you are taking to obtain such insurance. | | | | | | | | |
| If YES please provide the following details:-  Policy Number:-  Period of Cover:-  Amount of Cover:- | | | | | | | | |
| Please give any dates over the next 10 weeks when the premises will not be available for inspection. | |  | | | | | | |
| **PREMISES TO BE LICENSED** | | | | | | | | |
| Name of Business / Trading Name (if any) | |  | | | | | | |
| Address of Premises to be licensed (if different to applicant details) | | Postcode | | | | | | |
| Premises Contact Numbers (if different to applicant details) | | Landline  Mobile | | | | | | |
| Premises / Business Email (if different to applicant details) | |  | | | | | | |
| Website Address for Premises / Business | |  | | | | | | |
| Will the premises be operative throughout the year? | | Please provide details | | | | | | |
| What are the opening times of the premises? | |  | | | | | | |
| Which type of boarding will be offered? | | | | | **YES** | | **NO** | |
| Commercial Boarding for Dogs in Kennels | | | | |  | |  | |
| Commercial Boarding for Cats | | | | |  | |  | |
| Home Boarding for Dogs | | | | |  | |  | |
| Day Care for Dogs | | | | |  | |  | |
| Arranging for animal boarding licence (if no other boarding licence in place) | | | | |  | |  | |
| **ACCOMMODATION AND FACILITIES** | | | | | | | | |
| Please provide the maximum number of animals to be accommodated | | Dogs :  Cats: | | | | | | |
| Please provide details of the following matters:- | | | | | | | | |
| The quarters to be used to accommodate animals, including number, size and type of construction | |  | | | | | | |
| Exercise facilities and arrangements | |  | | | | | | |
| Heating arrangements | |  | | | | | | |
| Method of ventilation for the premises | |  | | | | | | |
| Lighting arrangements (natural & 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 case of fire | |  | | | | | | |
| How do you propose to minimise disturbance from noise | |  | | | | | | |
| Do you keep and maintain a register of animals? | |  | | | | | | |
| **VETERINARY SURGEON** | | | | | | | | |
| Name of usual veterinary surgeon | |  | | | | | | |
| Company Name | |  | | | | | | |
| Full Address | |  | | | | | | |
| Telephone Number | |  | | | | | | |
| Email address | |  | | | | | | |
| **EMERGENCY KEY HOLDER** | | | | | | | | |
|  | | | | | **YES** | | **NO** | |
| Do you have an emergency key holder?  If YES please provide details below. | | | | |  | |  | |
| Name  Position / Job Title:  Address:  Postcode:  Daytime Telephone No:  Evening / Other Telephone No:  Email address: | | | | | | | | |
| **GUIDANCE AND ADDITIONAL INFORMATION** | | | | | | | | |
| It is recommended that you read the procedural guidance notes published by the Department for Environment, Food & Rural Affairs (DEFRA) for local authorities. DEFRA has also published guidance in relation to all licensable activities which includes the conditions of licence that will be imposed if a licence is issued.  The guidance documents can be found by accessing the link below if you have an electronic version of this form, alternatively type the address in the link below into your internet browser. The guidance documents will be useful to applicants and operators as they explain the licensing requirements, conditions of licence, inspection of premises together with information relating to how the star rating and length of licence to be issued will be determined by the Council.  <http://www.cfsg.org.uk/_layouts/15/start.aspx#/SitePages/Legislation%20and%20Guidance.aspx> | | | | | | | | |
| Please provide any additional information which is required or may be relevant to the application | | | | | | | | |
| **Please read the information below and then proceed to the declaration section and provide any necessary documents.** | | | | | | | | |
| **PRIVACY NOTICE** | | | | | | | | |
| The information you provide is confidential and subject to the requirements of the Data Protection Act 2018. This personal data will be held and processed by Tamworth Borough Council for the purpose(s) of licensing and enforcement and protection of public funds.  (The personal details you provide may also be shared with a veterinary Surgeon / practitioner, DEFRA, RSPCA, UKAS-accredited body, Planning Service, Council Legal Team and the licencing committee. For the purposes of or as part of any statutory duties requiring such disclosure and to protect the public funds it collects and administers.) Any data may be used to prevent fraud or the misuse of resources. For further information of our privacy notice, please visit [www.tamworth.gov.uk/privacy-notice](http://www.tamworth.gov.uk/privacy-notice) | | | | | | | | |
| **DECLARATION** | | | | | | | | |
| 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 declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.  I also confirm that I read and understand 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 and that I have read and understand the privacy notice. | | | | | | | | |
| Date |  | | Signature of  Applicant |  | | | | |
| Please attach / provide the following information with your application.   * Layout / outline plan of the premises (unless we have this already and the layout has not changed )   The following may also need to be seen / inspected. It would be helpful to receive them with your application as it may save time later, particularly during the licence inspection:-   * Insurance policy * Operating procedures * Risk assessments (including Fire) * Infection control procedure * Qualifications * Training records * Details / evidence of certification by a UKAS-accredited body with 3 or more years compliance history   Please send your application and supporting information (together with the application fee- contact officer for confirmation) to the address below.  Any cheques must be made payable to “Tamworth Borough Council”.  Alternatively if you want us to call you to take a telephone payment by Debit/Credit Card?  YES / NO Please circle / delete as appropriate.  **Licensing, Public Protection,**  **Tamworth Borough Council,**  **Marmion House,**  **Lichfield Street,**  **Tamworth,**  **B79 7BZ.**  **Tel-01827 709445**  **Email- public-protection@tamworth.gov.uk** | | | | | | | | |