



East Cambridgeshire  
District Council

## APPLICATION FOR THE GRANT OF AN ANIMAL WELFARE LICENCE

- Please familiarise yourself with our terms and conditions before completing this application
- It is an offence to give false information - all questions must be answered.
- An application will not be deemed valid unless the Licensing Authority receives a completed and signed application form, and the relevant fee.
- Before an application can be determined, an inspection must be conducted, and the following documents must be provided:
  1. Valid public liability insurance for the activity being conducted
  2. Proof of relevant qualification (if held)
- **You may only apply for one licence per application form. If you run or intend to run more than one establishment, you must complete a separate application form.**

### METHOD OF COMMUNICATION

- The Council's primary method of communication is by email.
- The Council may also communicate with you via text message to your mobile phone. As the Council is not a telecommunications company it will be necessary to use the services of a 3<sup>rd</sup> party such as BT or Virgin to provide this facility. Where text messaging is used the Council will observe the principles of the Data Protection Act 1998.
- By signing this application form you are agreeing to permit the Council to contact you using email, phone, text, and traditional paper based communication.

### LICENCE TYPE

Please indicate the type of animal welfare licence you wish to apply for:  
(you may only apply for one licence per application form)

- |                               |                          |                      |                          |
|-------------------------------|--------------------------|----------------------|--------------------------|
| Animal Boarding Licence       | <input type="checkbox"/> | Dog Breeding Licence | <input type="checkbox"/> |
| Dangerous Wild Animal Licence | <input type="checkbox"/> | Pet Shop Licence     | <input type="checkbox"/> |
| Riding Establishment Licence  | <input type="checkbox"/> |                      |                          |

If this application is for the renewal of an existing animal welfare licence please state your current licence number:

### Section 1 – Applicant and supervision details

#### APPLICANT TYPE

Please state whether you are applying for an animal welfare licence as a:

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| Sole trader                         | <input type="checkbox"/> | (complete sections 1 to 8, and 24 onwards)  |
| Partnership                         | <input type="checkbox"/> | (complete sections 1 to 16, and 24 onwards) |
| Limited Liability Partnership (LLP) | <input type="checkbox"/> | (complete sections 17 onwards)              |
| Limited Company                     | <input type="checkbox"/> | (complete sections 17 onwards)              |

## 1<sup>st</sup> APPLICANT DETAILS

1. Surname:	2. Forename(s)
3. Current registered address:  Postcode:	
4. Date of birth:	5. Telephone:
6. Mobile:	7. Email:
8(a). Are you permitted to work in the UK?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
8(b). Are there any restrictions?: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please detail them below)	

## 2<sup>nd</sup> APPLICANT DETAILS

9. Surname:	10. Forename(s)
11. Current registered address:  Postcode:	
12. Date of birth:	13. Telephone:
14. Mobile:	15. Email:
16(a). Are you permitted to work in the UK?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
16(b). Are there any restrictions?: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please detail them below)	

## LIMITED COMPANY OR LIMITED LIABILITY PARTNERSHIP DETAILS

17. Ltd Company/LLP name:	
18. Current registered address of Ltd Company/LLP:  Postcode:	
19. Ltd Company/LLP registration number:	
20. Mobile:	21. Telephone:
22. Email:	
23. Director/ Partner/Company Secretary names: (please indicate all persons registered with Companies House, in the order you would like us to contact you)	
Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

## MANAGEMENT / SUPERVISION

24. Please state the name of the person who will have overall responsibility for the day to day welfare of the animals kept in accordance with any issued licence:

25. Please state if this person holds any of the following qualifications:

- |   |                          |
|---|--------------------------|
| Assistant Instructor's Certificate of the British Horse Society | <input type="checkbox"/> |
| Instructor's Certificate of the British Horse Society           | <input type="checkbox"/> |
| Fellowship of the British Horse Society                         | <input type="checkbox"/> |
| Fellowship of the Institute of the Horse                        | <input type="checkbox"/> |
| City & Guilds (animal welfare related)*                         | <input type="checkbox"/> |
| BTEC (animal welfare related)*                                  | <input type="checkbox"/> |
| Other relevant (animal welfare related)*                        | <input type="checkbox"/> |

\*Please provide details of the qualification below:

26. Please also provide information on this person's animal welfare experience:

## RELEVANT CONVICTIONS

27. Have any of the applicants, or responsible persons listed been convicted of an offence under, or are under investigation for any offence under any of the following:

(If yes, please give details and continue on a separate sheet if needed)

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Animal Boarding Establishments Act 1963:         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Animal Welfare Act 2006:                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Animal Health and Welfare (Scotland) Act 2006    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Dangerous Wild Animals Act 1976                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Breeding of Dogs Acts of 1973 or 1999:           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Pet Animals Act 1951:                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Protection of Animals (Amendment) Act 1954:      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Riding Establishments Acts of 1964 and 1970:     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any other animal welfare legislation not listed: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Name of Applicant	Offence	Date of Conviction	Sentence

## Section 2 – Premises and trading details

### TRADING NAME AND ADDRESS

28. Please state your trading name:

29. Current trading address:

Postcode:

### INSURANCE

30. Please provide details of any public liability insurance held which covers you for the licensable activity you wish to conduct:

31. If no insurance is currently held, please state what steps you are taking to ensure that this requirement will be in place should your licence be granted:

### ACCOMMODATION AND NUMBER OF ANIMALS TO BE KEPT

32. Please state the type and number of animals you intend to accommodate:

33. Please state how these animals will be accommodated:

(Specifics details regarding heating, lighting, ventilation, isolation, food/water provision, storage, bedding etc is not required on this form, as these items are dependent upon the type of animal welfare licence being applied for, and will be assessed during the site inspection. For more information on how to fulfil the application requirements in order to be “inspection ready” please refer to the animal licence policy and specific licence conditions for the licensable activity you wish to conduct which can be found at [www.eastcambs.gov.uk](http://www.eastcambs.gov.uk))

**VETERINARY ARRANGEMENTS**

34. Please provide the details of any veterinary practice(s) you are registered with:

Name:	Name:
Address:	Address:
Postcode:	Postcode:

**WASTE REMOVAL**

35. Please provide the details of how you intend to remove waste from the licensable activity you plan to conduct:

  
  

36. Please provide details of any waste permits held:

**EMPLOYEES**

37. Please provide the details of the number of staff working at the premises, and their job title (i.e. Kennel hands x 2):

**SUPPORTING DOCUMENTS CHECKLIST**

1. Proof of Insurance	Enclosed: <input type="checkbox"/> To follow: <input type="checkbox"/>
2. Proof of relevant qualifications	Enclosed: <input type="checkbox"/> To follow: <input type="checkbox"/> N/A: <input type="checkbox"/>
3. Fee	Enclosed: <input type="checkbox"/>

## DATA PROTECTION ACT 1998

East Cambridgeshire District Council is registered under the Data Protection Act 1998. This allows it to process personal data in performing its lawful business. Information held by the Council, including personal data you provide now or in the future, will be processed in compliance with data protection principles. Your personal data may be used to manage, monitor, improve and promote the Council's services. Where delivery of services or actions is in partnership with others, or dependent on the actions of others, it may also be shared with other persons or bodies in accordance with, and restricted to the terms of information sharing agreements and protocols. To protect public funds it may also be shared with other persons or bodies to prevent and detect fraud.

Further details are available on the Council's website [www.eastcambs.gov.uk](http://www.eastcambs.gov.uk). If you have concerns about the processing of your personal data by the Council you may contact the Data Protection Officer at East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely, Cambridgeshire, CB7 4EE or the Office of the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

## DECLARATION

### Fraud Act 2006

I hereby declare that I fully understand, have read and checked the details and questions on this application form and the foregoing statements are true. I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation, or fails to disclose information in order to obtain an animal welfare licence. I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above Act which may result in the refusal of this licence application and any subsequent licence applications for a period of one to three years. I am also aware that any licence granted as a result of breaching the above Act will be immediately revoked, and that a refusal or revocation decision is not reliant on a formal conviction under the above Act being secured.

I understand that the Licensing Authority may consult other agencies about the suitability of any person named on the application to be named on an animal welfare licence.

I understand that the purpose of the sharing of this data is to ensure that all those named on the application are suitable persons for the purpose of being responsible for animals kept under the authority of the relevant legislation. I also understand that the sharing of information may extend to sensitive personal data, such as data about any previous related criminal offences.

Signed by or on behalf of the applicant<sup>1</sup>

Signed (by the applicant):.....Date:.....

Print name:.....Capacity:.....

Signed (by the applicant):.....Date:.....

Print name:.....Capacity:.....

<sup>1</sup> If signing on behalf of a Ltd Company or LLP only one responsible person needs to sign.