**EXETER CITY COUNCIL**

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

**Application for a licence to operate a DOG Day Care and/or Boarding establishment**

Please complete all the questions in the form.

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

|  |  |  |
| --- | --- | --- |
| **1** | **Standard applicant profile section** |  |
|  | **Applicant details**  |
| 1.1 | Name (if Agent complete 1.13) |  |
| 1.2 | Address (if Agent complete 1.10) |  |
| 1.3 | Email (if Agent complete 1.12) |  |
| 1.4 | Main telephone number  (if Agent complete 1.11) |  |
| 1.5 | Applicant Age |  |
| 1.6 | Applying as a business or organisation, or a sole trader | Yes – State Which |  | No – Please Tick |  |  |  |
| 1.7 | Applying as an individual –Please Tick | Yes |  | No |  |  |  |
| 1.8 | Applying as an Agent – Please Tick | Yes |  | No |  |  |  |
| 1.9 | Agent details – Company Name |  |  |
| 1.10 | Agent Address |  |
| 1.11 | Agent Tel Number  |  |
| 1.12 | Agent Email |  |
| 1.13 | Agent Name  |  |

| **1.a** | **Applicant Business**  |  |
| --- | --- | --- |
| a.1 | Is your company registered with companies house  | yes  |  | No |  |  |  |
| a.2 | Registration Number  |  |  |
| a.3 | Is your business registered outside the UK  |  |  |
| a.4 | VAT Number  |  |  |
| a.5 | Legal status of the business |  |  |
| a.6 | Your position in the business |  |  |
| a.7 | The country where your head office is located.  |  |  |
| **1.b** | **Business Address – This should be your official address – The address required of you by law to receive all communication** |
| b.8 | Building name or number |  |
| b.9 | Street |  |
| b.10 | District |  |
| b.11 | City or Town |  |
| b.12 | County or administrative area |  |
| b.13 | Post Code |  |
| b.14 | Country |  |

| **2** | **Type of Application** |  |
| --- | --- | --- |
| 2.1 | **Non Home****Commercial Day Care** |  | **HOME Boarding** |   | **Non Home****Commercial Boarding** |  |  |
| 2.2 | Type of Application – Please Tick | New  |  | Renewal |  |  |  |
| 2.3 | Existing licence number |  |  |
|  | **Animals to be accommodated** |  |
|  | DOGS to be accommodated for  |  |
| 2.4 | Day Care | Yes/No | Maximum number |  |
| 2.5 | Boarding | Yes/No | Maximum number |  |

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| **3** | **Premises to be licensed**  |  |
| 3.1 | Name of premises/trading name |  |  |
| 3.2 | Address of premises |  |  |
| 3.3 | Telephone number of premises |  |  |
| 3.4 | Email address |  |  |
| 3.5 | Do you have planning permission for this business use. | Yes/No |  |

| **4** | **Accommodation and facilities** |  |
| --- | --- | --- |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  |  |
| 4.2. | Exercise facilities and arrangements |  |  |
| 4.3 | Heating arrangements: |  |  |
| 4.4 | Method of ventilation of premises |  |  |
| 4.5 | Lighting arrangements (natural & artificial) |  |  |
| 4.6 | Water supply |  |  |
| 4.7 | Facilities for food storage & preparation |  |  |
| 4.8 | Arrangements for disposal of excreta, bedding and other waste material |  |  |
| 4.9 | Isolation facilities for the control of infectious diseases |  |  |
| 4.10 | Fire precautions/equipment and arrangements in the case of fire |  |  |
| 4.11 | Do you keep and maintain a register of animals? | Yes/No |  |  |
| 4.12 | How do you propose to minimise disturbance from noise? |  |  |

| **5** | **Veterinary surgeon** |  |
| --- | --- | --- |
| 5.1 | Name of usual veterinary surgeon |  |  |
| 5.2 | Company name |  |  |
| 5.3 | Address |  |  |
| 5.4 | Telephone number |  |  |
| 5.5 | Email address |  |  |

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| **6** | **Emergency key holder** |  |
| 6.1 | Do you have an emergency key holder? | Yes / No | If no, go to 7.1 |  |
| 6.2 | Name |  |  |
| 6.3 | Position/job title |  |  |
| 6.4 | Address  |  |  |
| 6.5 | Daytime telephone number |  |  |
| 6.6 | Evening/other telephone number |  |  |
| 6.7 | Email address |  |  |

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| **7** | **Public liability insurance** |  |
| 7.1 | Do you have public liability insurance? | Yes / No | If no, go to question 7.6 |  |
|  | If yes, please provide details of the policy |  |
| 7.2 | Insurance company |  |  |
| 7.3 | Policy number |  |  |
| 7.4 | Period of cover – from and to |  |  |
| 7.5 | Amount of cover (£m) |  |  |
| 7.6 | Please state what steps you are taking to obtain such insurance |  |  |

| **8** | **Disqualifications and convictions** |  |
| --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: |  |
| 8.2 | Keeping a dog?  | Yes / No |  |  |
| 8.3 | Keeping an animal boarding establishment? | Yes/No |  |
| 8.5 | Having custody of animals?  | Yes/No |  |
| 8.6 | 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 |  |
| 8.7 | 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 |  |
| 8.8 | If yes to any of these questions, please provide details,  |  |  |

| **9** | **Additional details** |  |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required |  |
| 9.1 | Additional information which is required or may be relevant to the application |  |  |

**Standard payment and declaration section**

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| **10** | **Payment** |
| 10.1 | Payment must be made at the time of making the application. Once received a member of the Licensing Team will call you to discuss when payment will be due – see below.  |
| 10.2 | Payment Part A to be paid on application £490 Part B payment to be made following vets inspection £170 Please call Licensing on 01392 265702 to arrange |

| **11** | **Model Licence Conditions & Guidance** |  |
| --- | --- | --- |
|  | All applicants to tick that they have read and understand the applicable DEFRA model licence conditions/ guidance – Activities Involving Animals (note; front page says Guidance but are actual CONDITIONS that MUST be met |
| 11.3 | Dog Boarding Home or Commercial |  |
| 11.4 | Dog Day Care |  |

| **12** | **Additional Information**  |  |
| --- | --- | --- |
|  | Please attach the following Information – Tick as Attached |
| 12.1 | A plan of the premises with dimensions |  |
| 12.3 | Insurance policy  |  |
| 12.4 | All Operating procedures paperwork |  |
| 12.5 | Risk Assessments (including Fire) |  |
| 12.6 | Infection control procedure  |  |
| 12.6 | Qualifications  |  |
| 12.7 | Training records |  |

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| **13** | **Declaration**  |  |
| 13.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. |
| 13.2 | 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.  |
| 13.3 | Ticking this box indicates you have read and understood the above declaration |  |
| 13.4 | Full Name |  |
|  | Signature |  |
| 13.5 | Capacity  |  |
| 13.6 | Date |  |