



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

Animal Activities Licence application

Please read the guidance note at the end of this form before completing. Certain persons are disqualified from applying. More details can be found at <https://www.legislation.gov.uk/ukxi/2018/486/contents/made>

Please note: All information contained in this form may be released in response to a Freedom of Information request except Section A.

For renewals – please complete relevant boxes to confirm ‘No change’ where appropriate.

WHAT TYPE OF APPLICATION ARE YOU MAKING?

New Application	<input type="checkbox"/>	Date for New Licence to Begin	<input type="text"/>
Renewal Application	<input type="checkbox"/>	Existing Licence Number	M/ <input type="text"/>

SECTION A - DETAILS OF INDIVIDUAL APPLICANT

Title (Mr/Mrs/Miss/Ms/Other)			
First Name(s)			
Surname			
Date of Birth			
Address (Including Postcode)			
Telephone Number (Home)		Mobile Number	
Email Address			
Website			

SECTION B – PREMISES TO BE USED IN RELATION TO ACTIVITIES. *Please note: this information will be published on the council's website*

NC = NO CHANGE (RENEWALS ONLY)

Trading Name	
Address of Premises (if different from Section A)	
Postcode	
Does the accommodation provided meet the Defra guidance for your business? www.gov.uk/government/publications/animal-activities-licensing-guidance-for-local-authorities	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C – WORKING HOURS

NC = NO CHANGE (RENEWALS ONLY)

Is the establishment operational throughout the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In general, when is the most convenient time to visit?	<input type="text"/>

SECTION D – CONSENTS

Have all consents and planning permissions been obtained for the business?

Yes

No

Please note this application will be shared with Planning

SECTION E – STAFF (IF APPLICABLE)

NC = NO CHANGE (RENEWALS ONLY)

Number of staff at the premises including family members involved in the business other than the applicant

Number of staff present at any one time

Will always a member of staff be available on site?

Yes

No

Where appropriate; for each member of staff (or staff role), please describe their current experience and any current training qualification

SECTION F – ANIMAL TRANSPORTATION

NC = NO CHANGE (RENEWALS ONLY)

Do you transport animals (e.g. to the vet or from/to clients)?

Yes

No

Where required what sort of vehicle will be used for animal transportation?

Type and make of vehicle

Vehicle registration number

Please describe any relevant modifications

SECTION G – DISEASE CONTROL

NC = NO CHANGE (RENEWALS ONLY)

Where is your isolation facility located?

At premises stated in **Section B** (you will need a dedicated space as stated in the DEFRA guidance)

At vets stated in **Section H** (you will need to provide written confirmation of this from your vets)

SECTION H – YOUR VETS

NC = NO CHANGE (RENEWALS ONLY)

Trading Name of Practice

Name of Vet

Address (Including Postcode)

Telephone Number

Email Address

SECTION I – FIRE AND EMERGENCY EVACUATION PROCEDURE DESIGNATED KEY HOLDER DETAILS		NC = NO CHANGE (RENEWALS ONLY)	
Full Name			
Address (Including Postcode)			
Mobile Number			
Distance from licensed premises?	Miles <input type="text"/>	Minutes	<input type="text"/>
When was your last emergency drill?	Date <input type="text"/>	Time	<input type="text"/>

SECTION J – WRITTEN PROCEDURES MUST BE IN PLACE FOR:	
① CONFIRM COMPLETION THAT THE WRITTEN PROCEDURE IS AVAILABLE FOR INSPECTION	
<input type="checkbox"/>	Care of animals following the suspension or revocation of the licence and facilities failure e.g. heating, cooling or aeration loss
<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	The prevention of and control of the spread of disease
<input type="checkbox"/>	The death or escape of an animal (including storage of carcasses)
<input type="checkbox"/>	Emergency plan in case of a fire or other emergencies including telephone list of the emergency services. <i>If you have any dangerous wild animals on site, detail specific plans for their removal and immediate rehoming</i>
<input type="checkbox"/>	Feeding regimes
<input type="checkbox"/>	Monitoring and ensuring the health and welfare of all the animals
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Training policy for staff where employed (including relevant family members)

SECTION K – LICENSABLE ACTIVITIES (WHICH ACTIVITY/ACTIVITIES ARE YOU APPLYING FOR?)		
<input type="checkbox"/>	Providing or arranging for the provision of boarding for cats or dogs	Please complete Section 1 of this form
<input type="checkbox"/>	Selling animals as pets (pet shops)	Please complete Section 2 of this form
<input type="checkbox"/>	Breeding dogs	Please complete Section 3 of this form
<input type="checkbox"/>	Hiring out horses	Please complete Section 4 of this form
<input type="checkbox"/>	Keeping or training animals for exhibition	Please complete Section 5 of this form

SECTION 1 – PROVIDING OR ARRANGING FOR THE PROVISION OF BOARDING FOR CATS/DOGS

Please indicate the specific activities you will be carrying out

Boarding cats
 Boarding kennels for dogs
 Home boarding
 Day care for dogs
 Arranging for the boarding of other people's dogs

Are there separate facilities on the premises associated with rescue or breeding activities? Yes No

If Yes, describe the facilities (**separate facilities are required for the Higher standard to apply**)

How many dogs or cats do you propose to provide accommodation for at any one time? (clients' pets) Dogs Cats

How many dogs or cats are resident at the premises? (i.e. your family pets) Dogs Cats

Do you accept dogs less than 1 year of age? If yes documented process must be provided Yes No

Are children under 16 present at the household? If yes recommended procedure to safeguard children and dogs Yes No

You must have the following documents ready for inspection	Blank copy of animal record / booking form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blank consent form (vet treatment, separation, exercise arrangements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Documented process for dogs under 1 year (If applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HIGHER STANDARD - YOU WILL NEED TO PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTS

You will need to provide the following additional documents	Behavioural observation forms – example of a completed record form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Exercise Plan (dogs only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Noise management plan (Kennels only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CATTERIES AND KENNELS ONLY

Please describe the method for inspecting animals out of hours (18:00 - 08:00)

ARRANGING OF BOARDING ACCOMMODATION FOR DOGS

Number of total host premises

Number of hosts with their own licences

Proposed hosts under this licence

ARRANGERS ONLY:

① COMPLETE A "HOST DETAILS FORM" TO HELP US RISK RATE HOSTS AND TO ESTABLISHED IF THEY REQUIRE THEIR OWN LICENCE

END OF SECTION 1 – COMPLETE ADDITIONAL ACTIVITY SECTION(S) WHERE APPLICABLE AND/OR MOVE TO SECTION L

SECTION 2 – SELLING ANIMALS AS PETS

Indicate the trading activities

- Pet shop
- Home sales
- Internet sales
- Wholesale
- Third party sale
- Hobby sales (pet fairs)
- Fixed or minimum donation sale
- Other, please state below

① COMPLETE IN FULL “SCHEDULE OF ANIMALS” AT THE END OF THIS SECTION

How will waste be disposed of from the establishment?

Describe the quarantine area/s, where located and brief description

HIGHER STANDARD – DO YOU HAVE DOCUMENTS OR INFORMATION RELEVANT TO THE ANIMAL TYPES STOCKED

Blank health care checklist(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Blank travel plans or policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Blank feeding plans or policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Blank water quality test sheets	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Blank copy of environment checks e.g. relevant UVI temperature checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Copy of an enrichment plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Documents for exercise regime	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Noise management plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Documents relating to chytridiomycosis and other potential biological agents (reptiles & amphibians)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Policy to maintain specific temperatures or husbandry requirements for those reptiles/amphibians subject to Brumation		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documented procedures for the purchase and sale of imported fish (including what internal controls are in place to detect irregular transactions)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documented procedures for the purchase and sale of imported fish (including what internal controls are in place to detect irregular transactions)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documented arrangements when the premises are closed to ensure the welfare of animals		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Schedule of Animals – selling Animals as Pets

Type	Maximum Number	Accommodation Details
Dogs / puppies		
Cats /kittens		
Chipmunks		
Rabbits & cavies		
Hamsters		
Rats, mice & gerbils		
Larger domesticated mammals, e.g. goats, pot-bellied pigs		
Primates e.g. marmosets		
Parrots, parakeets and macaws		
Pigeons		
Other large birds (please specify)		
Budgerigars, finches and other small birds		
Tortoises		
Snakes and lizards		
Tropical fish		
Marine fish		
Cold water fish		
Any other species (please specify)		

END OF SECTION 2 – COMPLETE ADDITIONAL ACTIVITY SECTION(S) WHERE APPLICABLE AND/OR MOVE TO SECTION L

SECTION 3 – BREEDING DOGS

What type of dogs do you breed?

Is there a competent person on site at all times? Yes No

If No, state the distance and travel time from the applicant's home address (or competent persons address) to the premises to be licensed Miles Minutes

Are any of the animals used for breeding kept at a separate address? Yes No

If Yes, please state the address

① PLEASE PROVIDE THE FOLLOWING INFORMATION FOR DOGS INTENDED TO BE USED FOR BREEDING

**A: Kennel name B: Pet name C: Microchip number D: D.O.B E: Sex F: Breed and description
include colouring G: Surgery history including number of caesareans H: Number of litters and dates
I: Date next litter due/ planned:**

What is the maximum number of animals you propose to accommodate **at the premises**?

What is the maximum number of animals you propose to accommodate **off the premises**? Please include animals such as stud dogs housed elsewhere.

Will you be using your home? Yes No

Will you be using any other accommodation? Yes No
outside the home?

KENNEL CLUB

Is the applicant in the Kennel Club Assured Breeders Scheme? Yes No

If Yes, when was your last approved visit?

How long have you held continuous accreditation for? Years continuous accreditation

Please enclose any certificates for the past 3 years Past certificates – up to 3 years

You will need to provide a copy of the last UKAS inspection report Last UKAS inspection report

schedule

END OF SECTION 3 – COMPLETE ADDITIONAL ACTIVITY SECTION(S) WHERE APPLICABLE AND/OR MOVE TO SECTION L

SECTION 4 – HIRING OUT HORSES

How many horses/ponies are kept under the terms of the Act at the present time?

How many horses/ponies are intended to be kept under the terms of the Act during the year?

ⓐ COMPLETE IN FULL SCHEDULE BELOW “LIST OF HORSES FOR INSPECTION”

INSURANCE – A COPY OF THIS POLICY MUST BE MADE AVAILABLE FOR INSPECTION

Are you the holder of a valid certificate of public liability insurance which: –

Yes

No

- (i) insures you against liability for any injury sustained by, and the death of, any client, and
- (ii) insures any client against liability for any injury sustained by, and the death of, any other person, caused by or arising out of the hire of the horse?

Schedule of Horses for Inspection

Name	Sex	Height	Part Livery/ Passport	Year of Birth	Colour	Microchip & Passport no:
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			
	M / F		Part Livery Y/N Passport Y/N			

END OF SECTION 4 – COMPLETE ADDITIONAL ACTIVITY SECTION(S) WHERE APPLICABLE AND/OR MOVE TO SECTION L

SECTION 5 – KEEPING OR TRAINING ANIMALS FOR EXHIBITION

Describe briefly the general nature of the performance or performances in which the animals are to be exhibited or for which they are to be trained. Include any apparatus which is used for training or the purpose of the performance

Frequency or timing of exhibition

Where will the animals be exhibited (e.g. postal address)

Where will the animals be exhibited (e.g. postal address)

Key people training animals for exhibition

Ⓢ PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANIMALS BEING KEPT OR TRAINED FOR EXHIBITION

A:Common name of species B:Scientific name of species C:Numbers to be kept

Indicate if trained, exhibited or both

INSURANCE – A COPY OF THIS POLICY MUST BE MADE AVAILABLE FOR INSPECTION

Do you hold valid public liability insurance in respect of the licensable activity of keeping or training animals for exhibition?

Yes

No

END OF SECTION 5 – COMPLETE ADDITIONAL ACTIVITY SECTION(S) WHERE APPLICABLE AND/OR MOVE TO SECTION L

ALL APPLICANTS SHOULD COMPLETE SECTIONS L - M

SECTION L – DISQUALIFICATIONS

Have you or has anyone who cohabits with you or is associated with this business, or this application ever been;

Convicted of any offences involving animals? if Yes please supply details on separate sheet

Yes

No

Disqualified under animal related legislation? if Yes please supply details on separate sheet

Yes

No

Do you know of any reason why the applicant may not be considered a 'fit and proper person' for the licensable activity? if Yes please supply details on separate sheet

Yes

No

SECTION M – DECLARATIONS AND PRIVACY POLICY

Ⓜ 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 Regulations, licence conditions and DEFRA guidance.
- The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.
- I understand if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.
- I understand that my licence will not be issued until I have paid all the requisite fees.
- I understand an additional inspection or vets fee(s) may also be payable if a council inspector considers such is required.
- I agree for the details of my licence to be listed on the council website.
- The inspecting officer will be allowed to take photographs and/or videos of the animals and the premises.
- I understand this authority is obligated to process information fairly and lawfully. The Council's corporate privacy notice, which includes details of the authority's Data Protection Officer and your Information Rights, is available at www.newcastle-staffs.gov.uk/all-services/advice/data-protection

SIGNING THE BOX BELOW INDICATES YOU HAVE READ AND UNDERSTOOD THE ABOVE DECLARATION

Signature	<input type="text"/>
Print Name	<input type="text"/>
Capacity	<input type="text"/>
Date	<input type="text"/>

Please call 01782 717717 to make payment by credit or debit card.

Current licence fee details are on the council's website www.newcastle-staffs.gov.uk

You can email a completed form to Environmental_Health@newcastle-staffs.gov.uk

Printed forms and cheques can be sent to:

Environmental Health
Castle House
Barracks House
Newcastle-under-Lyme
Staffs
ST5 1BL

Office Use Only

Scan application form to **Environmental Health**. Forward original paper copy via internal mail.

Paye.Net: Fund **MI** Miscellaneous, Service Code **SVC000012** Licences, Item **ITM000003** Animal Licencing

Cheque Payments: CC. D104 Acc. 9390

APPLYING FOR AN ANIMAL ACTIVITIES LICENCE

GUIDANCE NOTES

1. GENERAL

New and renewal applications should be submitted at least 10 weeks before the licence is required. This is to ensure the requirements of the licence can be met and any veterinary inspections undertaken. If no licence is currently in force the activity for which the licence is being applied for cannot be started / carried on and any licensed activity must cease. It is a serious criminal offence to carry on without a licence and such action can jeopardise future licence applications.

A Local Authority cannot grant a licence unless the premises meet all the requirements under the regulations, an officer will contact you to arrange an inspection of the premises prior to the grant of a licence. You should visit www.gov.uk searching for animal activities licence

Return the completed form and plan of the premises including dimensions of accommodation and outside areas by email to Environmental_health@newcastle-staffs.gov.uk

2. PUBLICATION OF INFORMATION AND FREEDOM OF INFORMATION REQUESTS

Please note that with the exception of information contained in Section A "*Details of Individual Applicant*" and Section I "*Fire and emergency evacuation procedure designated key holder details*", all information contained in the form may be requested / released in response to a request made under the Freedom of Information Act 2000. Details contained in Section B "*Premises to be used in relation to activities*" together with an inspection grading will appear on the council's website.

3. FEES

Fees can be found at <https://www.newcastle-staffs.gov.uk> and payment should be made by calling 01782 717717. Fees are non-refundable.

4. REFUSAL OF A LICENCE

When the decision to refuse a licence has been made, the right of appeal exists through a First Tier Tribunal (General Regulatory Chamber). When a licence is refused a notice of refusal will be sent to an applicant who then has 28 days (including weekends and bank holidays) to make the appeal. Find out more at www.gov.uk/courts-tribunals/first-tier-tribunal-general-regulatory-chamber

5. RENEWALS

Renewal reminders will be emailed 10 weeks before a licence expires. It is the responsibility of the licence holder to ensure contact details are kept up to date and a renewal application is made on time. You must apply for a renewal 10 weeks before the expiry date of the licence if you wish to continue your activity without a break. An inspection of the premises