

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

Application for a Licence to Operate an Animal Home Boarding Establishment or Dog Day Care Facility

Standard applicant profile

Applicant name	
Applicant address	
Telephone number	
Email address	

Please complete all the questions in the form.
If you have nothing to record, please state "Not applicable" or "None"

Type of Application

Home Boarding only	Dog Day Care only	Both
New	Renewal	If new, go to 2.4
Existing licence number		

Animals to be accommodated

Dogs	Yes/No	Maximum number proposed - Home Boarding		Maximum number proposed - Dog Day Care	
------	--------	---	--	--	--

Cats	Yes/No	Maximum number proposed	
------	--------	-------------------------	--

Premises to be licensed

Name of premises/trading name			
Address of premises			
Telephone number			
Email address			
Are there any resident dogs/cats at the property	Yes/No	If YES, please give details of number of dogs/cats, breed, age and gender	
Are there any children living at the property?	Yes/No	If YES, please give ages	

Veterinary surgeon

Name of usual veterinary surgeon	
Company name	
Address	
Telephone number	
Email address	

Accommodation and facilities

Details of the property (Please include type of property, number of rooms, rooms to be used by animals, details of outdoor areas etc.) (If the facility includes a separate dog day care building, please give details of its construction eg timber shed, purpose built brick unit etc.)	
--	--

Detail arrangements for:

Exercise facilities and arrangements	
Heating and ventilation	
Lighting (natural & artificial)	
Water supply	
Facilities for food storage & preparation	
Disposal of excreta, bedding and other waste material	
Disease control and isolation arrangements	
Fire precautions/equipment and arrangements in the case of fire	
Proposals to minimise disturbance from noise	

Emergency key holder(s)

Name		
Position/job title		
Address		
Daytime telephone number		
Evening/other telephone number		
Email address		
Add another person?	Yes / No	If yes, 6.1 to 6.6 can be repeated below

Qualifications and Training

Has the applicant, or any person who will have control or management of the dogs/cats, got any relevant training or qualifications?
If yes, please provide full details, including qualification obtained and date of qualification:

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	If no to all, go to 8.6; if yes, please provide full details, including dates and circumstances
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	If no, go to 8.7; if yes, please provide full details, including dates and circumstances
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 no, go to 9.1; if yes, please provide full details, including the local authority applied to, dates and circumstances

Insurance

Are you covered by adequate and suitable public liability insurance and, where necessary, adequate and suitable employers liability insurance?	Yes/No	Please detail what activities the insurance covers you for including, where specified, the number of dogs covered.
--	--------	--

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	
--	--

Standard declaration and signature

I/we understand that this information will be publically available on request and on the Council's web site.

I/We ENCLOSE HERewith the sum of £ being the amount of the fee payable on the Licence applied for and I/we do HEREBY CERTIFY that to the best of my/our knowledge and belief, the particulars set out in this application are true.

Signed Date

Cheques to be made payable to **Stevenage Borough Council**, quoting reference **RD110 941735**

Please return your completed application form by email to env.health@stevenage.gov.uk or by post to Environmental Health, Daneshill House, Danestrete, Stevenage, HERTS, SG1 1HN

Telephone number for queries: 01438 242242