

ON BEHALF OF

RUTLAND COUNTY COUNCIL



Address: Licensing Team, Peterborough City Council, Sand Martin House, Bittern Way

Fletton Quays, Peterborough, PE2 8TY

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Application for a licence to provide or arrange for the provision of boarding for cats or dogs

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

Standard applicant profile section 1

1	Reference number	
1.1	System reference Number (if known):	
1.2	Your reference (if known):	

Please complete all the questions in the form.

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

2a	Agent		
2.1	Are you an agent acting on behalf of the applicant?	Yes / No (please delete accordingly)	If no, go to 3.1
2b	Further information about the Agent		
2.2	Name:		
2.3	Address:		
2.4	Email:		
2.5	Telephone number:		
2.6	Other telephone number:		

3	Applicant details		
3.1	Name:		
3.2	Address:		
3.3	Email:		
3.4	Telephone number:		
3.5	Other telephone number:		
3.6	Are you applying as a business or organisation, including a sole trader?:	Yes / No (Please delete accordingly)	
3.7	Are you applying as an individual?:	Yes / No (Please delete accordingly)	
4a	Applicant Business		
4.1	Is your company registered with companies house?:	Yes / No (please delete accordingly)	If no, go to 4.3
4.2	Registration number:		•
4.3	Is your business registered outside the UK?:	Yes / No (please delete accordingly)	
4.4	VAT number:		
4.5	Legal status of the business:		
4.6	Your position in the business:		
4.7	Country where your head office is located:		
4b	Business Address – This shou you by law to receive all comm	Ild be your official address – The address in nunication	required of
4.8	Building name or number:		
4.9	Street:		
4.10	District:		
4.11	City or town:		
4.12	County or administrative area:		
4.13	Post code:		

Country:

4.14

Application for a licence to provide or arrange for the provision of boarding for cats or dogs

1a	Type of Application		
1.1	Commercial Bo	arding Home Boa	rding Day Care D
1.2	Type of Applica	ition:	
1.3	Existing licence	number:	,
1b	Animals to be	accommodated	
1.4	Cats:	Yes / No (please delete accordingly)	Maximum number:
1.5	Dogs:	Yes / No (please delete accordingly)	Maximum number:
1c	Further inform	ation about the applicant	
1.6	Date of birth:		
		I .	
2	Premises to b	e licensed	
2.1	Name of premises/trading name:		
2.2	Address of premises:		
2.3	Telephone number of premises:		
2.4	Email address:		
2.5	Do you have planning permission for this business use:		Yes / No (please delete accordingly)
	1		·
3	Accommodati	on and facilities	
3.1	Details of the quarters used to accommodate animals, including number, size and type of construction:		
3.2.	Exercise facilities and arrangements:		
3.3	Heating arrang	ements:	
3.4	Method of ventilation of premises:		

3.5	Lighting arrangements (natural & artificial):	:		
3.6	Water supply:			
3.7	Facilities for food storage & preparation:			
3.8	Arrangements for disposal of excreta, beda and other waste material:	ding		
3.9	Isolation facilities for the control of infection diseases:	us		
3.10	Fire precautions/equipment and arrangement in the case of fire:	ents		
3.11	Do you keep and maintain a register of animals?:		Yes / (please delete	
3.12	How do you propose to minimise disturban from noise?:	nce		
	<u> </u>			
4	Veterinary surgeon			
4 4.1	Veterinary surgeon Name of usual veterinary surgeon:			
4.1	Name of usual veterinary surgeon:			
4.1	Name of usual veterinary surgeon: Company name:			
4.1 4.2 4.3	Name of usual veterinary surgeon: Company name: Address:			
4.1 4.2 4.3 4.4 4.5	Name of usual veterinary surgeon: Company name: Address: Telephone number: Email address:			
4.1 4.2 4.3 4.4	Name of usual veterinary surgeon: Company name: Address: Telephone number:			
4.1 4.2 4.3 4.4 4.5	Name of usual veterinary surgeon: Company name: Address: Telephone number: Email address:	(plea	Yes / No ase delete accordingly)	If no, go to 6.1
4.1 4.2 4.3 4.4 4.5	Name of usual veterinary surgeon: Company name: Address: Telephone number: Email address: Emergency key holder	(plea		If no, go to 6.1
4.1 4.2 4.3 4.4 4.5 5a 5.1	Name of usual veterinary surgeon: Company name: Address: Telephone number: Email address: Emergency key holder Do you have an emergency key holder?:	(plea		If no, go to 6.1

5.5	Daytime telephone number:		
5.6	Evening/other telephone number:		
5.7	Email address:		
5.8	Add another person:	Yes / No (please delete accordingly)	If no, go to 6.1
5b	Emergency key holder 2		
5.9	Do you have an emergency key holder?:	Yes / No (please delete accordingly)	If no, go to 6.1
5.10	Name:		
5.11	Position/job title:		
5.12	Address:		
5.13	Daytime telephone number:		
5.14	Evening/other telephone number:		
5.15	Email address:		

6	Public liability insurance		
6.1	Do you have public liability insurance?	Yes / No (please delete accordingly)	If no, go to 6.6
6.2	Please provide details of the policy:		
6.2	Insurance company:		
6.3	Policy number:		
6.4	Period of cover:		
6.5	Amount of cover (£):		
6.6	Please state what steps you are taking to obtain such insurance:		

7	Disqualifications and convictions	
	Has the applicant, or any person who will have control establishment, ever been disqualified from:	ol or management of the (Please delete accordingly)
7.1	Keeping a pet shop?:	Yes / No
7.2	Keeping a dog?:	Yes / No
7.3	Keeping an animal boarding establishment?:	Yes / No
7.4	Keeping a riding establishment?:	Yes / No
7.5	Having custody of animals?:	Yes / No
7.6	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
7.7	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
7.8	If yes to any of these questions, please provide details:	

8	Additional details	
	Please check local guidance notes and conditions for any additional information which may be required	
8.1	Additional information which is required or may be relevant to the application:	

Standard declaration section

1	Model Licence Conditions & Guidance	
	All applicants to tick that they have read the applicable mode	el licence conditions & guidance
1.1	Pet Vending:	
1.2	Animal Boarding:	
1.3	Performing Animals:	
1.4	Riding Establishments:	
1.5	The Breeding and Sale of Dogs:	
2	Additional Information	
_	Please attach the following Information	

2	Additional Information	
	Please attach the following Information	
2.1	A plan of the premises:	
2.2	Insurance policy:	
2.3	Operating procedures:	
2.4	Risk Assessments (including Fire):	
2.5	Infection control procedure:	
2.6	Qualifications:	
2.7	Training records:	

3	Declaration	
3.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.	
3.2	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.	
3.3	Signing this box indicates you have read and understood the above declaration:	
3.4	Full Name:	
3.5	Capacity:	
3.6	Date:	