Address: Licensing Team, Peterborough City Council, Sand Martin House, Bittern Way Fletton Quays, Peterborough, PE2 8TY
Email: RCClicensing@peterborough.gov.uk
Tel: 01572758366

## Application for a licence to sell animals as pets

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

## Standard applicant profile section 1

| $\mathbf{1}$ | Reference number |  |
| :--- | :--- | :--- |
| 1.1 | System reference Number <br> (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 <br> on behalf of the applicant? |  | Yes / No no, go to <br> $\mathbf{3 . 1}$ |
| 2b | Further information about the Agent |  |  |
| (please delete accordingly) |  |  |  |


| $\mathbf{3}$ | Applicant details |  |  |
| :--- | :--- | :--- | :--- |
| 3.1 | Name: |  |  |
| 3.2 | Address: |  |  |
| 3.3 | Email: |  |  |
| 3.4 | Telephone number: | Yes / No |  |
| 3.5 | Other telephone number: | Yese delete accordingly) |  |


| 4a | Applicant Business |  |  |
| :---: | :---: | :---: | :---: |
| 4.1 | Is your company registered with companies house?: | $\begin{gathered} \text { Yes / No } \\ \text { (please delete accordingly) } \end{gathered}$ | 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 should be your official address - The address required of you by law to receive all communication |  |  |
| 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: |  |  |
| 4.14 | Country: |  |  |

## Application for a licence to sell animals as pets

| $\mathbf{1}$ | Type of business/performance (please tick) |  |
| :--- | :--- | :--- |
| 1.1 | Pet Shop: |  |
| 1.2 | Home Sales: |  |
| 1.3 | Internet Sales: |  |
| 1.4 | Wholesales: |  |
| 1.5 | Third Party Sales: |  |
| 1.6 | Hobby Sales: |  |
| 1.7 | Sale of animals to the public as pets by means of a fixed or <br> minimum donation: |  |
| 1.8 | Other please state: |  |


| 2a | Application Details |  |  |  | If new, go to 2.3 |
| :--- | :--- | :--- | :--- | :---: | :---: |
| $\mathbf{2}$ | Type of Application |  |  |  |  |
| 2.1 | Type of Application: | New / Renewal <br> (please delete accordingly) |  |  |  |
| 2.2 | Existing licence number: |  | If no, go to 2.5 |  |  |
| 2b | Further details about the applicant |  |  |  |  |
| 2.3 | Do you have any <br> training certificates or <br> qualifications?: | Yes / No <br> (please delete accordingly) <br> of training certificates <br> and qualifications: |  |  |  |
| 2.5 | Please provide details <br> of relevant experience: |  |  |  |  |
| 2.6 | Date of birth: |  |  |  |  |


| 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: | Yes / No <br> (please delete accordingly) |
| 3.5 | Do you have planning permission for this <br> business use: |  |


| 4 | Accommodation and facilities |  |  |  |  |
| :--- | :--- | :--- | :---: | :---: | :---: |
| 4.1 | Number and size of rooms to be used |  |  |  |  |
| 4.2 | Heating arrangements: |  |  |  |  |
| 4.3 | Method of ventilation of premises: |  |  |  |  |
| 4.4 | Lighting arrangements (natural \& artificial): |  |  |  |  |
| 4.5 | Water supply: |  |  |  |  |
| 4.6 | Facilities for food storage \& preparation: |  |  |  |  |
| 4.7 | Arrangements for disposal of excreta, <br> bedding and other waste material: |  |  |  |  |
| 4.8 | Isolation facilities for the control of infectious <br> diseases: |  |  |  |  |
| 4.9 | Fire precautions/equipment and <br> arrangements in the case of fire: | Yes / No <br> (please delete accordingly) |  |  |  |
| 4.10 | Do you keep and maintain a register of <br> animals?: |  |  |  |  |
| 4.11 | When the premises is closed what <br> arrangements are in place to ensure the <br> welfare of animals: |  |  |  |  |


| 5 | Animals to be sold |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Please provide details of the animals to be sold |  |  |  |  |
|  | Type | Please delete accordingly | Maximum Number | Details of accommodati on including size | Age at which to be sold |
| 5.1 | Dogs / puppies | Yes / No |  |  |  |
| 5.2 | Cats /kittens | Yes / No |  |  |  |
| 5.3 | Chipmunks | Yes / No |  |  |  |
| 5.4 | Rabbits \& cavies | Yes / No |  |  |  |
| 5.5 | Hamsters: | Yes / No |  |  |  |
| 5.6 | Rats, mice \& gerbils: | Yes / No |  |  |  |
| 5.7 | Larger domesticated mammals, e.g. goats, pot-bellied pigs: | Yes / No |  |  |  |
| 5.8 | Primates e.g. marmosets: | Yes / No |  |  |  |
| 5.9 | Parrots, parakeets and macaws: | Yes / No |  |  |  |
| 5.10 | Pigeons: | Yes / No |  |  |  |
| 5.11 | Other large birds (please specify): | Yes / No |  |  |  |
| 5.12 | Budgerigars, finches and other small birds: | Yes / No |  |  |  |
| 5.13 | Tortoises: | Yes / No |  |  |  |
| 5.14 | Snakes and lizards: | Yes / No |  |  |  |
| 5.15 | Tropical fish: | Yes / No |  |  |  |
| 5.16 | Marine fish: | Yes / No |  |  |  |
| 5.17 | Cold water fish: | Yes / No |  |  |  |
| 5.18 | Any other species (please specify): | Yes / No |  |  |  |


| 6 | Veterinary surgeon |  |
| :--- | :--- | :--- |
| 6.1 | Name of usual veterinary surgeon: |  |
| 6.2 | Company name: |  |
| 6.3 | Address: |  |
| 6.4 | Telephone number: |  |
| 6.5 | Email address: |  |


| 7a | Emergency key holder |  |  |
| :---: | :---: | :---: | :---: |
| 7.1 | Do you have an emergency key holder?: | Yes / No (please delete accordingly) | If no, go to 8.1 |
| 7.2 | Name: |  |  |
| 7.3 | Position/job title: |  |  |
| 7.4 | Address: |  |  |
| 7.5 | Daytime telephone number: |  |  |
| 7.6 | Evening/other telephone number: |  |  |
| 7.7 | Email address: |  |  |
| 7.8 | Add another person: | Yes / No (please delete accordingly) | If no, go to 8.1 |
| 7b | Emergency key holder 2 |  |  |
| 7.9 | Name: |  |  |
| 7.10 | Position/job title: |  |  |
| 7.11 | Address: |  |  |
| 7.12 | Daytime telephone number: |  |  |
| 7.13 | Evening/other telephone number: |  |  |
| 7.14 | Email address: |  |  |


| 8 | Public liability insurance |  |  |
| :--- | :--- | :--- | :--- |
| 8.1 | Do you have public liability insurance? | Yes / No <br> (please delete accordingly) | If no, go to 8.7 |
| 8.2 | Please provide details of the policy: |  |  |
| 8.3 | Insurance company: |  |  |
| 8.4 | Policy number: |  |  |
| 8.5 | Period of cover: |  |  |
| 8.6 | Amount of cover (£): |  |  |
| 8.7 | Please state what steps you are taking to <br> obtain such insurance: |  |  |


| 9 | Disqualifications and convictions |  |
| :--- | :--- | :--- |
|  | Has the applicant, or any person who will have control or management of the establishment, <br> ever been disqualified from: |  |
| 9.1 | Keeping a pet shop?: | Yes / No |
| 9.2 | Keeping a dog?: | Yes / No |
| 9.3 | Keeping an animal boarding establishment?: | Yes / No |
| 9.4 | Keeping a riding establishment?: | Yes / No |
| 9.5 | Having custody of animals?: | Yes / No |
| 9.6 | Has the applicant, or any person who will have control <br> or management of the establishment, been convicted <br> of any offences under the Animal Welfare Act 2006?: | Yes No |
| 9.7 | Has the applicant, or any person who will have control <br> or management of the establishment, ever had a <br> licence refused, revoked or cancelled?: | Yos |
| 9.8 | If yes to any of these questions, please provide <br> details: |  |


| $\mathbf{1 0}$ | Additional details |  |
| :--- | :--- | :--- |
|  | Please check local guidance notes and conditions for any additional information which may <br> be required |  |
| 10.1 | Additional information which is <br> required or may be relevant to <br> the application: |  |

## Standard declaration section

| $\mathbf{1}$ | Model Licence Conditions \& Guidance |  |  |  |
| :--- | :--- | :--- | :---: | :---: |
|  | All applicants to tick that they have read the applicable model 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: |  |  |  |


| $\mathbf{2}$ | 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 <br> section is completed by the applicant. |  |
| 3.2 | I am aware of the provisions of the relevant Act and model licence conditions. The details <br> contained in the application form and any attached documentation are correct to the best of <br> my knowledge and belief. |  |
| 3.3 | Signing this box indicates you have read and <br> understood the above declaration: |  |
| 3.4 | Full Name: |  |
| 3.5 | Capacity: |  |
| 3.6 | Date: |  |

