

# Application for a licence to operate an breeding of dogs establishment

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

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

| 1) Applicant details                      |     |  |    |  |  |  |
|---|-----|--|----|--|--|--|
| Name                                      |     |  |    |  |  |  |
| Address                                   |     |  |    |  |  |  |
| Email                                     |     |  |    |  |  |  |
| Main telephone number                     |     |  |    |  |  |  |
| Other telephone number                    |     |  |    |  |  |  |
| Applying as a business or organisation,   | Yes |  | No |  |  |  |
| Applying as an sole trader or partnership | Yes |  | No |  |  |  |

| 2) Business Details  |     |  |    |  |               |  |
|--|-----|--|----|--|---------------|--|
| Is your business a limited company registered with companies house | yes |  | No |  | If no go to 3 |  |
| If so, Company Name and Number                                     |     |  |    |  |               |  |
| Registered address   |     |  |    |  |               |  |
| Business Trading Address (if different to applicant address)       |     |  |    |  |               |  |
| Building name or number  |     |  |    |  |               |  |
| Street   |     |  |    |  |               |  |
| District   |     |  |    |  |               |  |
| City or Town   |     |  |    |  |               |  |
| County or administrative area                                      |     |  |    |  |               |  |
| Post Code  |     |  |    |  |               |  |
| Country  |     |  |    |  |               |  |

| <b>3) Type of Application</b> |     |  |         |                   |
|-------------------------------|-----|--|---------|-------------------|
| Type of Application           | New |  | Renewal | If new, go to 2.3 |
| Existing licence number       |     |  |         |                   |

| <b>4) Veterinary surgeon</b>     |  |
|----------------------------------|--|
| Name of usual veterinary surgeon |  |
| Company name                     |  |
| Address                          |  |
| Telephone number                 |  |
| Email address                    |  |

| <b>5) Emergency key holder</b>       |          |                |
|--------------------------------------|----------|----------------|
| Do you have an emergency key holder? | Yes / No | If no, go to 7 |
| Name                                 |          |                |
| Position/job title                   |          |                |
| Address                              |          |                |
| Daytime telephone number             |          |                |
| Evening/other telephone number       |          |                |
| Email address                        |          |                |

| <b>6) Disqualifications and convictions</b>  |          |
|--|----------|
| 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   |
| 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   |
| 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 |

| 6) Disqualifications and convictions                      |  |
|---|--|
| If yes to any of these questions, please provide details, |  |

| 7) 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                        |  |

I the "operator" certify all information in this form and submitted with this application to be true to the best of my knowledge.

Name.....

Signed.....

Dated:.....

State capacity, if applicant signing on behalf of a Company or Partnership:

.....

You may email this form to [env.health@southribble.gov.uk](mailto:env.health@southribble.gov.uk) or post a hard copy to Environmental Health, Civic Centre, West Paddock, Leyland, PR25 1DH

**N.B. Your application can not be processed until payment has cleared.**

**FOR OFFICIAL USE ONLY**

Reference Number:

Date of inspection:

Recommendation:

Date reported the Council and Decision:

No. of Licence issued: