

Application for a Licence to Sell animals as Pets

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 | | |
| Further details about the applicant | | | | | |
| Do you have any training certificates or qualifications? | Yes / No | | If no, go to 2) | | |
| Please provide details of training certificates and qualifications | | | | | |
| Please provide details of relevant experience | | | | | |

| 2) Type of Application | | | | | |
|-------------------------|-----|--|---------|--|-------------------|
| Type of Application | New | | Renewal | | If new, go to 2.3 |
| Existing licence number | | | | | |

| 3) 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 | | | | | |

| 3) Business Details | | | | |
|--|----------|--|----|--|
| Business Trading Address (if different to applicant address) | | | | |
| Building name or number | | | | |
| Street | | | | |
| District | | | | |
| City or Town | | | | |
| County or administrative area | | | | |
| Post Code | | | | |
| Country | | | | |
| Type of Business | | | | |
| Pet Shop | Yes | | No | |
| Home Sales | Yes | | No | |
| Internet Sales | Yes | | No | |
| Wholesales | Yes | | No | |
| Third Party Sales | Yes | | No | |
| Hobby Sales (Pet Fairs) | Yes | | No | |
| Sale of animals to the public as pets by means of a fixed or minimum donation | Yes | | No | |
| Other please state | Yes | | No | |
| Accommodation and facilities | | | | |
| Number and size of rooms to be used | | | | |
| Heating arrangements | | | | |
| Method of ventilation of premises | | | | |
| Lighting arrangements (natural & artificial) | | | | |
| Water supply | | | | |
| Facilities for food storage & preparation | | | | |
| Arrangements for disposal of excreta, bedding and other waste material | | | | |
| Isolation facilities for the control of infectious diseases | | | | |
| Fire precautions/equipment and arrangements in the case of fire | | | | |
| Do you keep and maintain a register of animals? | Yes / No | | | |
| When the premises is closed what arrangements are in place to ensure the welfare of animals? | | | | |

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

| 5) Animals to be sold | | | | |
|---|--------|----------------|---|-------------------------|
| Please provide details of the animals to be sold | | | | |
| Type | | Maximum Number | Details of accommodation including size | Age at which to be sold |
| Dogs / puppies | Yes/No | | | |
| Cats / kittens | Yes/No | | | |
| Chipmunks | Yes/No | | | |
| Rabbits & cavies | Yes/No | | | |
| Hamsters | Yes/No | | | |
| Rats, mice & gerbils | Yes/No | | | |
| Larger domesticated mammals, e.g. goats, pot-bellied pigs | Yes/No | | | |
| Primates e.g. marmosets | Yes/No | | | |
| Parrots, parakeets and macaws | Yes/No | | | |
| Pigeons | Yes/No | | | |
| Other large birds (please specify) | Yes/No | | | |
| Budgerigars, finches and other small birds | Yes/No | | | |
| Tortoises | Yes/No | | | |
| Snakes and lizards | Yes/No | | | |
| Tropical fish | Yes/No | | | |
| Marine fish | Yes/No | | | |
| Cold water fish | Yes/No | | | |
| Any other species (please specify) | Yes/No | | | |

| 6) Emergency key holder | | |
|--------------------------------------|----------|----------------|
| 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 | | |

| 7) 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 |
| 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 |
| If yes to any of these questions, please provide details. | |

8) Additional details and Declaration

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 envhealth@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: