

Application for a licence to operate an animal boarding 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		T T	1	1	
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 dit	ferent to app	licant address)			
Building name or number					
Street					
District					
City or Town					
County or administrative area					
Post Code					
Country					-

3) Type of App	olicat	ion															
Commercial		Home															
Boarding		Boarding			Day	/ Car	-										
Type of Application			Ne	lew Renewal													
Existing licence nur	mber																
Animals to be accommodated												_					
Cats			Yes/No			Maximum number											
Dogs			Yes/No			Maximum number											
4) Accommod	ties																
Details of the quarter accommodate anim number, size and ty construction	ers us nals, i	sed to ncluding	1100														
Exercise facilities a arrangements	nd																
Heating arrangeme	ents:																
Method of ventilation	on of p	oremises															
Lighting arrangeme artificial)	ents (r	natural &															
Water supply																	
Facilities for feed st preparation	torage	€ &															
Arrangements for d excreta, bedding ar material																	
Isolation facilities for infectious diseases		control of															
Fire precautions/eq arrangements in the													 	 			
Do you keep and m register of animals?		in a	Y	es/No	0									 			
How do you propos disturbance from no		ninimise															

5) Veterinary surgeon		
Name of usual veterinary surgeon		
Company name		
Address		
Telephone number		
Email address		
C) Emergency key holds	_	
6) Emergency key holde		If no go to 7
Do you have an emergency ke holder?	ey Yes / No	If no, go to 7
Name		
Position/job title		
Address		
Daytime telephone number		
Evening/other telephone numl	per	
Email address		
7) Disqualifications and		rol or management of the establishment, ever
been disqualified from:	on who will have com	nor or management of the octabilitiment, ever
Keeping a pet shop?		Yes/No
Keeping a dog?		Yes / No
Keeping an animal boarding e	stablishment?	Yes/No
Keeping a riding establishmen	t?	Yes/No
Having custody of animals?		Yes/No
Has the applicant, or any pers control or management of the convicted of any offences und Welfare Act 2006?	establishment, been	Yes/No
Has the applicant, or any pers control or management of the had a licence refused, revoked	establishment, ever	Yes / No
If yes to any of these question details,	s, please provide	

8) 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(s)" certify all information in this form and submitted with this application to be to true to the best of my knowledge.
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: