

**The Animal Welfare (Licensing of Activities Involving Animals) Regulations 2018
Application for a Licence to Provide or Arrange Boarding for Cats or Dogs**

Please complete all the questions on this form, if you have nothing to record, please state "Not applicable" or "None"

1	APPLICANT PROFILE					
1A	AGENT DETAILS					
1.1	Are you an agent acting on behalf of the applicant	Yes		No		If No, go to 1B
1.2	Name					
1.3	Address					
1.4	Email					
1.5	Main telephone number					
1.6	Other telephone number					
1B	APPLICANT DETAILS					
1.7	Name					
1.8	Address					
1.9	Date of birth					
1.10	Email					
1.11	Main telephone number					
1.12	Other telephone number					
1.13	Applying as a business or organisation, including a sole trader	Yes		No		
1.14	Applying as an individual	Yes		No		
1C	APPLICANT BUSINESS					
1.15	Is your company registered with companies house	Yes		No		If No, go to 1.17
1.16	Registration Number					
1.17	Is your business registered outside the UK					
1.18	VAT Number					

1C	APPLICANT BUSINESS	
1.19	Legal status of the business	
1.20	Your position in the business	
1.21	The country where your head office is located	
1D	BUSINESS ADDRESS – THIS SHOULD BE YOUR OFFICIAL ADDRESS – THE ADDRESS REQUIRED OF YOU BY LAW TO RECEIVE ALL COMMUNICATIONS	
1.22	Building name or number	
1.23	Street	
1.24	District	
1.25	City or Town	
1.26	County or administrative area	
1.27	Post Code	
1.28	Country	

2	TYPE OF APPLICATION					
2.1	Commercial Boarding		Home Boarding		Day Care	
2.2	Type of Application	New		Renewal		
2.3	Existing licence number					
2A	ANIMALS TO BE ACCOMMODATED (COMMERCIAL BOARDING/DAY CARE ONLY)					
2.4	Cats	Yes / No		Maximum number		
2.5	Dogs	Yes / No		Maximum number		
2B	ANIMALS TO BE ACCOMMODATED (HOME BOARDING ONLY)					
2.6	Number of designated rooms					
2.7	Number of resident dogs		Number of boarded dogs			

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	
3.5	Do you have planning permission for this business use?	Yes / No

4	ACCOMMODATION AND FACILITIES	
4.1	Details of the quarters used to accommodate animals, including number, size and type of construction	
4.2	Exercise facilities and arrangements	
4.3	Heating arrangements	
4.4	Method of ventilation of premises	

4 ACCOMMODATION AND FACILITIES		
4.5	Lighting arrangements (natural & artificial)	
4.6	Water supply	
4.7	Facilities for food storage & preparation	
4.8	Arrangements for disposal of excreta, bedding and other waste material	
4.9	Isolation facilities for the control of infectious diseases	
4.10	Fire precautions/equipment and arrangements in the case of fire	
4.11	Do you keep and maintain a register of animals?	Yes / No
4.12	How do you propose to minimise disturbance from noise?	

5 VETERINARY SURGEON	
5.1	Name of usual veterinary surgeon
5.2	Company name
5.3	Address
5.4	Telephone number
5.5	Email address

6 EMERGENCY KEY HOLDER			
6.1	Do you have an emergency key holder?	Yes / No	If No, go to 7.1
6.2	Name		
6.3	Position/job title		
6.4	Address		
6.5	Daytime telephone number		
6.6	Evening/other telephone number		
6.7	Email address		
6.8	Add another person?	Yes / No	If Yes, 6.2 to 6.8 will be repeated

7 PUBLIC LIABILITY INSURANCE			
7.1	Do you have public liability insurance?	Yes / No	If No, go to question 7.6
If yes, please provide details of the policy			
7.2	Insurance company		
7.3	Policy number		
7.4	Period of cover		
7.5	Amount of cover (£m)		
7.6	Please state what steps you are taking to obtain such insurance		

8 DISQUALIFICATIONS AND CONVICTIONS		
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:	
8.1	Keeping a pet shop?	Yes / No
8.2	Keeping a dog?	Yes / No
8.3	Keeping an animal boarding establishment?	Yes / No
8.4	Keeping a riding establishment?	Yes / No
8.5	Having custody of animals?	Yes / No
8.6	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
8.7	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
8.8	If yes to any of these questions, please provide details,	

9 ADDITIONAL DETAILS Please check the local authorities website for any additional information which may be required		
9.1	Additional information which is required or may be relevant to the application	

10 PAYMENT AND DECLARATION		
10A PAYMENT		
10.1	Payment must be made at the time of application and can be made in the following way	
	IN PERSON	
	Make your payment at the Cashiers Department located within the Customer Services Centre, Stockton Central Library, Church Road, Stockton-On-Tees. Please ensure that you quote the name of your premise when making payment and then produce your receipt and application form to a member of the Customer Services Team.	
	BY PHONE 01642 526558	
	Make your payment using your debit or credit card. Please ensure that you quote the name of your premise and type of application when making your payment.	
	BY BACS TRANSFER	
	Please email either licensing.administration@stockton.gov.uk or banking.income@xentrall.org.uk to advise the date of payment and amount to be paid. Please ensure that you quote the name of your premise and type of application with your BACS payment/remittance advice to ensure that your record can be updated accordingly.	
	Account Name: Stockton-On-Tees Borough Council – General Account	
	Account No: 07436998	
	Sort Code: 55-61-00	
	Bank Address: National Westminster Bank	
	123 High Street	
	Stockton-On-Tees	
	TS18 1AY	
	UK IBAN No: GB51NWBK55610007436998	

10B	DEFRA GUIDANCE	
10.2	Please tick box to indicate that you have read the DEFRA guidance in respect of the animal activity you are applying for	
10C	ADDITIONAL INFORMATION Please attach the following Information	
10.3	A plan of the premises	
10.4	Insurance policy	
10.5	Operating procedures	
10.6	Risk Assessments (including Fire)	
10.7	Infection control procedure	
10.8	Qualifications	
10.9	Training records	
10D	DECLARATION This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.	
10.10	I am aware of the provisions of the relevant regulations and guidance documents. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.	
10.11	Ticking this box indicates you have read and understood the above declaration	
10.12	Full Name	
10.13	Capacity	
10.14	Date	

HOW WE COLLECT AND USE INFORMATION

The information collected, on this form and from supporting evidence, by Stockton-on-Tees Borough Council will be used to process your application. The information may be passed to the Department of Social Security, Employment Service and Inland Revenue and such other Departments of the Council and external organisations but only if the law permits us to do so.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities. Stockton-on-Tees Borough Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, please contact us at the address overleaf.