

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

Application for a licence to carry on the activity of providing boarding for cats and or dogs

Standard applicant profile section 1

2

Agent

1	Reference number	
1.1	System reference number	
1.2	Your reference	

Please complete all the questions in the form. If you have nothing to record, please state 'not applicable' or 'none'

2.1	Are you an agent acting on behalf of the applicant?	Yes	No	If 'no', go to 3	
2b	Further information about the agent				
2.2	Name				
2.3	Address				
2.4	Email				
2.5	Main telephone number				
2.6	Other telephone number				
3	Applicant details				
3.1	Name				
3.2	Address				
3.3	Email				

3.1	Name					
3.2	Address					
3.3	Email					
3.4	Main telephone number					
3.5	Other telephone number					
3.6	Applying as a business or organisation, including a sole trader?	Yes	N	lo		
3.7	Applying as an individual?	Yes	N	lo		

4	Applicant business				
4.1	Is your company registered with Companies House?	Yes	No	If 'no', go to 4.3	
4.2	Registration number				
4.3	Is your business registered outside the UK?				
4.4	VAT number				
4.5	Legal status of the business				
4.6	Your position in the business				
4.7	The country where your head office is located				

4	Applicant business													
4b	Business address – t receive all communic			r offi	cial a	ddres	ss, i.e. 1	the ad	dre	ss rec	uire	d of you	by law t	0
4.8	Building name or numb	oer												
4.9	Street													
4.10	District													
4.11	City or town													
4.12	County or administrative	e area	à											
4.13	Postcode													
4.14	Country													
	Please complete a If you have nothing		•					licabl	e'	or 'no	one'			
5	Type of application	1	Τ.,		1					1				
5.1	Commercial boarding		Home boarding			Dav	care							
5.2	Type of application		boarding	Nev	N	Day		 Renew	/al					
5.3	Existing licence number	er					1							
5a	Animals to be accom	moda	ted											
5.4	Cats			Yes	s/No		Maxim	num nu	ımb	er				
5.5	Dogs			Yes	s/No		Maxim	num nu	ımb	er				
5b	Further information a	bout t	he applicant											
5.6	Date of birth													
6	Premises to be licens	sed												
6.1	Name of premises/trad	ling na	me											
6.2	Address of premises													
6.3	Telephone number of p	oremis	es											
6.4	Email address													
6.5	Do you have planning this business use?	permis	sion for	Yes	s/No									
7	Accommodation and	facilit	ies											
7.1	Details of the quarters used to accommodate animals, including number, size and type of construction													
7.2.	Exercise facilities and		ements											
7.3	Heating arrangements													
7.4	Method of ventilation o	f prem	ises											
7.5	Lighting arrangements	(natur	al & artificial)											
7.6	Water supply													
7.7	Facilities for food stora	ge & p	reparation											
7.8	Arrangements for disposed bedding and other was	osal of	excreta,											
7.9	Isolation facilities for th													

Yes/No

infectious diseases

7.10

7.11

7.12

Fire precautions/equipment and arrangements in the case of fire

How do you propose to minimise disturbance from noise?

Do you keep and maintain a register of animals?

8	Veterinary surgeon	
8.1	Name of usual veterinary surgeon	
8.2	Company name	
8.3	Address	
8.4	Telephone number	
8.5	Email address	

9	Emergency keyholder			
9.1	Do you have an emergency keyholder?	Yes/No	If 'no', go to 10.1	
9.2	Name			
9.3	Position/job title			
9.4	Address			
9.5	Daytime telephone number			
9.6	Evening/other telephone number			
9.7	Email address			
9.8	Is there another keyholder?	Yes/No	If 'yes', please include details in the Additional Information section at 13.1	

10	Public liability insurance			
10.1	Do you have public liability insurance?	Yes/No	If 'no', go to question 10.6	
	If 'yes', please provide details of the policy			
10.2	Insurance company			
10.3	Policy number			
10.4	Period of cover			
10.5	Amount of cover (£5 million minimum require	d)		
10.6	Please state what steps you are taking to obtain such insurance			

11	Disqualifications and convictions			
	Has the applicant, or any person who will have control or madisqualified from:	nagement of the e	establishment, ever been	
12.1	Keeping a pet shop?	Yes/No		
12.2	Keeping a dog?	Yes/No		
12.3	Keeping an animal boarding establishment?	Yes/No	1	
12.4	Keeping a riding establishment?	Yes/No		
12.5	Having custody of animals?	Yes/No	1	
12.6	Has the applicant, or any person who will have control or management of the establishment, been disqualified or convicted of any offences under the:	Yes/No		
	Animal Welfare Act 2006			
	Animal Welfare (Scotland) Act 2006			
	Dangerous Dogs Act 1991			
	Any other legislation listed in Schedule 8 of the LAIA Regulations 2018?			
12.7	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		
12.8	If 'yes' to any of these questions, please provide details			

13	Additional details				
	Please check local guidance notes and conditions for any additional information which may be required				
13.1	Additional information which is required or may be relevant to the application				

Standard payment and declaration section

14	Payment
14.1	Payment must be made at the time of making the application
14.2	Confirm date payment of Part A fee made and how made e.g. online. Include reference number

15	Statutory guidance
	All applicants to tick that they have read the applicable statutory guidance and conditions
15.1	Selling Animals as Pets
15.2	Boarding for Cats
15.3	Boarding in Kennels for Dogs
15.4	Day Care for Dogs
15.5	Home Boarding for Dogs
15.6	Keeping or Training Animals for Exhibition
15.7	Hiring Out Horses
15.8	Breeding Dogs

16	Additional information
	Please attach the following Information
16.1	A plan of the premises
16.2	Insurance policy (minimum £5million)
16.3	Standard operating procedures
16.4	Emergency response plan
16.5	Infection control procedure
16.6	Qualifications
16.7	Training records
16.8	Other documents may be required specific to the type of activity

17	Declaration		
17.1	This section must be completed by the applicant. If you are an agent, please ensure this section is completed by the applicant.		
17.2			
17.3	Ticking this box indicates you have read and understood the above declaration		
17.4	Full name		
17.5	Capacity/position of signatory		
17.6	Date		

<u>Please return your completed application form by post to:</u> Copeland Borough Council, Environmental Health Team, Whitehaven Commercial Park, Moresby Parks, Whitehaven, Cumbria, CA28 8YD

Email: Env.HealthEmailGroup@copeland.gov.uk