

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

## Application form for Licence or Licence Renewal to Sell Animals

yes

Agent

Name

Are you an agent acting

on behalf of the applicant

**Further information about the Agent** 

Please complete in **BLOCK CAPITALS** and **BLACK INK. Please complete all of the questions on this form. If you have no information to provide please state 'Not applicable'.** 

No

If no go to next section

| Address   |                               |
|---|-------------------------------|
| Email   |                               |
| Main telephone number   |                               |
| Mobile or other telephone number  |                               |
|   |                               |
| Type of Business  | (*please tick as appropriate) |
| Pet Shop  |                               |
| Home Sales  |                               |
| Internet Sales  |                               |
| Wholesales  |                               |
| Third Party Sales   |                               |
| Hobby Sales (Pet Fairs)   |                               |
| Sale of animals to the public as pets by means of a fixed or minimum donation |                               |
| Other please state  |                               |
|   |                               |

| Application Details   |         |       |              |             |          |                   |                   |
|---|---------|-------|--------------|-------------|----------|-------------------|-------------------|
| In accordance with The Animal (England) Regulations 2018  | Welfare | e (Li | censing      | of Activ    | rities I | nvolving Ani      | mals)             |
| I would like to apply for (*please tick as appropriate)   | Renew   |       | f an existi  | ing         |          | A new licenc      | е                 |
| Full name   |         |       |              | ·           |          |                   | ·                 |
| Title (Mr/Mrs/Miss/Ms/other etc)  |         |       |              |             |          |                   |                   |
| Date of Birth   |         |       |              |             |          |                   |                   |
| Position in the Business  |         |       |              |             |          |                   |                   |
| Private Address   |         |       |              |             |          |                   |                   |
| Postcode  |         |       |              |             |          |                   |                   |
| Telephone number  |         |       |              |             |          |                   |                   |
| Email   |         |       |              |             |          |                   |                   |
| Business Address including trading name   |         |       |              |             |          |                   |                   |
| Post code   |         |       |              |             |          |                   |                   |
| Email address   |         |       |              |             |          |                   |                   |
| Telephone number including mobile number  |         |       |              |             |          |                   |                   |
| Normal opening hours/days   |         |       |              |             |          |                   |                   |
| Correspondence Address We will make all communications to the above business details - unless you provide others here |         |       |              |             |          |                   |                   |
| Applicant Business  |         |       |              |             |          |                   |                   |
| Is the company registered with companies house  | yes     |       | No           |             | If no    | go to next pa     | age               |
| Registration Number   |         |       |              |             |          |                   |                   |
| Business registered outside UK?   |         |       |              |             |          |                   |                   |
| VAT Number  |         |       |              |             |          |                   |                   |
| Legal status of business (Sole Trader, Limited Company, Partnership)  |         |       |              |             |          |                   |                   |
| Full Head Office Address  |         |       |              |             |          |                   |                   |
| Do you have planning permission for this use?   |         | (Ple  | ease provide | e reference | number   | / rough date that | this was granted) |

| Who will have direct cont management of the busir  |                   |                   |   |                         |
|--|-------------------|-------------------|---|-------------------------|
| Does the person in contropremises hold any certificates/qualifications experience in animal hus                | or                | Please provide co | opies and details continuing on a separate she                                      | et if necessary).       |
| What arrangements are case of emergency include  |                   |                   |   |                         |
| Will the carrying on of the business be at all times in the charge of a person of the age of 16 years or over? |                   |                   |   | Yes / No                |
| at all times while the esta  | ablishment i      | is in operation   |   | Yes / No                |
| •  | who will ha       | ave control o     | "No" to the following questions:<br>or management of the establishr<br>refused for: |                         |
| (a) Keeping a riding estal   | blishment?        | Yes / No          | (b) Keeping a dog?  | Yes / No                |
| (c) Keeping a pet s animals?   | shop/selling      | Yes / No          | (d) Having the custody of animals?  | Yes / No                |
| (e) Keeping a boarding establishment for animals   | s?                | Yes / No          | (f) Convicted under the Animal Welfare Act 2006.                                    | Yes / No                |
| Types of Animals   |                   |                   |   |                         |
| Please complete the fol  | llowing for       | all animals       | you intend on selling   |                         |
| Type of Animal   | Maximum<br>Number | Details o         | of accommodation including  Continue on separate sheet if necessary                 | Age (proposed) at sale. |
| Pigeons  |                   |                   | ,   |                         |
| Parrot   |                   |                   |   |                         |
| Other large birds  |                   |                   |   |                         |
| Budgerigars, finches and other small birds   |                   |                   |   |                         |
| Dogs   |                   |                   |   |                         |
| Cats   |                   |                   |   |                         |
| Rabbits and cavies   |                   |                   |   |                         |
| Chipmonk   |                   |                   |   |                         |

| Hamsters   |  |                              |                |
|--|--|------------------------------|----------------|
| Rats, mice and gerbils   |  |                              |                |
| Tortoises  |  |                              |                |
| Snakes and lizards   |  |                              |                |
| Fish – Tropical  |  |                              |                |
| Fish – Marine  |  |                              |                |
| Fish – Cold Water  |  |                              |                |
| Primates e.g.<br>Marmosets   |  |                              |                |
| Larger Domesticated<br>Animals e.g. Goats, Pot<br>Bellied Pigs.  |  |                              |                |
| Any other vertebrate species   |  |                              |                |
| Arrangements   |  |                              |                |
| Please provide the following information for all of the animals which you intend on selling. Continue on a separate sheet of necessary |  |                              |                |
| Storing and Preparing of Food, water supply and Bedding  |  |                              |                |
| Temperature Control: monitoring, ventilation and heating arrangements  |  |                              |                |
| When the premises is closed what arrangements are in place to ensure the welfare of animals?   |  |                              |                |
| Collection and disposal of waste   |  |                              |                |
| Record/Register kept and maintained of purchase and sales?   |  | (This will be checked during | licence visit) |
| Isolation Arrangements   |  |                              |                |

| Vaccination a   | and infection control                                      |  |
|---|--|--|
| Cleaning and disinfection   |  |  |
| Exercise  |  |  |
|   | Precautions,<br>nd arrangements in<br>Fire evacuation plan |  |
| Pest control  |  |  |
| Lighting arra   |  |  |
|   | propose to minimise<br>from e.g. noise                     |  |
| What is the name and address of your usual veterinary surgeon/practitioner? |  |  |
| Vets Name   |  |  |
| Practice  |  |  |
| Address   |  |  |
| Postcode  |  |  |
| Contact<br>Telephone  |  |  |
| email   |  |  |
|   |  | ation, please include a scale plan of the establishment on and exercise areas. |

| Emergency Key Holder                    |           |              |   |
|---|-----------|--------------|---|
| Name                                    |           |              |   |
| Position/job title                      |           |              |   |
| Address                                 |           |              |   |
| Daytime telephone number                |           |              |   |
| Evening/other telephone number          |           |              |   |
| Email address                           |           |              |   |
| Add another person?                     | Yes / I   | No           |   |
| <b>-</b>                                |           |              |   |
| Public Liability Insurance              |           |              |   |
| Do you have public liability insurance? |           | Yes / No     | Please state what steps you are taking to obtain such insurance |
| If yes, please provide detail           | Is of the | e policy     |   |
| Insurance company                       |           |              |   |
| Policy number                           |           |              |   |
| Period of cover                         |           |              |   |
| Amount of cover (£m)                    |           |              |   |
|   |           |              |   |
| Please tick which method                | vou boy   | o used to p  | ay for your application processing fee:                         |
| Flease tick willon method               | you nav   | re used to p | ay for your application processing fee.                         |
| Telephone                               |           |              |   |
| Chague                                  |           |              |   |
| Cheque                                  |           |              |   |
|   |           |              |   |
| Date of payment:                        |           |              |   |
| Proposed start date for li              | cence     |              |   |
|   |           |              |   |
|   |           |              |   |
| Additional Information                  |           |              |   |
| Please attach the following             | Inform    | ation:       |   |
| A plan of the premises                  |           |              |   |
| Insurance policy documents              |           |              |   |
| Operating procedures                    |           |              |   |
| Risk Assessments (Inc.fire)             |           |              |   |
| Infection control procedure             |           |              |   |
| Qualifications of staff                 |           |              |   |
| Training records                        |           |              |   |
|   |           |              |   |

## Declaration

This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.

The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief. I am aware of my obligations as a licence holder under the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018.

**New licence** applicants and in some instances those requiring a variation to the previous licence will be invoiced for the cost of their veterinary inspection before their licence is issued.

I understand that I am liable for any fees relating to the inspection of my proposed premises by Veterinary Surgeons, Local Authority Officers, Fire Brigade personnel or any other relevant authority. The current licence fee is reviewed annually and is additional to the above.

| Signature                                      |   |
|--|---|
| Signing this box indicates you                 | Signature   |
| have read and understood the above declaration | Until payment is received your application cannot be processed. |
| Full Name                                      |   |
| Capacity                                       |   |
| 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