

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

Application for a licence to operate a dog breeding establishment

Please complete all the questions in the form.
If you have nothing to record, please put "n/a" or "none"

Applicant Profile Section

1	Reference number	
1.1	System reference number	
1.2	Your reference	

1.2a	Agent				
1.2.1	Are you an agent acting on behalf of the applicant?	Yes		No	If no go to 1.3
1.2b	Further information about the agent				
1.2.2	Name				
1.2.3	Address				
1.2.4	Email				
1.2.5	Main telephone number				
1.2.6	Other telephone number				

1.3	Applicant details				
1.3.1	Name				
1.3.2	Address				
1.3.3	Email				
1.3.4	Main telephone number				
1.3.5	Other telephone number				
1.3.6	Applying as a business or organisation, including a sole trader	Yes		No	
1.3.7	Applying as an individual	Yes		No	

1.4a	Applicant business				
1.4.1	Is your company registered with companies house?	Yes		No	If no go to 1.4.3
1.4.2	Registration number				
1.4.3	Is your business registered outside the UK?				
1.4.4	VAT number				
1.4.5	Legal status of the business				

1.4a	Applicant business	
1.4.6	Your position in the business	
1.4.7	The country where your head office is located	
1.4.7b	Business address – this should be your official address – the address required of you by law to receive all communication	
1.4.8	Building name or number	
1.4.9	Street	
1.4.10	District	
1.4.11	City or town	
1.4.12	County or administrative area	
1.4.13	Post code	
1.4.14	Country	

Type of Business Section

2	Type of application					
2.1	Type of application	New		Renewal		
2.2	Existing licence number					
2a	Animals to be accommodated					
2.3	Wholly Indoors		Wholly outdoors		Combination of outdoors and indoors	
2.4	Breeds of dogs concerned					
2.5	Number of bitches kept					
2.6	Owned by the applicant		Co owned by the applicant		On breeding terms	
2.7	Provide details of the ages of bitches kept					
2.8	Number of studs kept					
2.9	Owned by the applicant		Co owned by the applicant		On breeding terms	
2.10	Provide details of the ages of the studs kept					
2b	Further information about the applicant					
2.11	Date of birth					

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	Accommodation and facilities				
4.2	Exercise facilities and arrangements				
4.3	Heating arrangements				
4.4	Method of ventilation of premises				
4.5	Lighting arrangements (natural and artificial)				
4.6	Water supply				
4.7	Facilities for food storage and 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	

6a	Emergency key holder 1				
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 no, go to 7.1
6b	Emergency key holder 2				
6.9	Name				
6.10	Position/job title				
6.11	Address				
6.12	Daytime telephone number				
6.13	Evening/other telephone number				
6.14	Email address				

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 local guidance notes and conditions for any additional information which may be required	
9.1	Additional information which is required or may be relevant to the application	

Payment and Declaration Section

10	Payment
10.1	Payment must be made at the time of making the application
10.2	Please see website page for the relevant fees

11	Model licence conditions and guidance	
	All applicants to tick that they have read the applicable model licence conditions and guidance	
11.1	Selling pets	
11.2	Animal boarding	
11.3	Performing animals	
11.4	Riding establishments	
11.5	Dog breeding	

12	Additional information	
	Please attach the following information	
12.1	A plan of the premises	
12.2	Insurance policy	
12.3	Operating procedures	
12.4	Risk assessments (including fire)	
12.5	Infection control procedure	
12.6	Qualifications	
12.7	Training records	

13	Declaration	
13.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.	
13.2	I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.	
13.3	Ticking this box indicates you have read and understood the above declaration	
13.4	Full name	
13.5	Capacity	
13.6	Date	

Please return this application form to:

Environmental Health Services
Harlow Council
Civic Centre
The Water Gardens
Harlow
Essex CM20 1WG