

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

Application for a licence to Breed Dogs

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

1a

Agent

1.1	Are you an agent acting on behalf of the applicant	Yes		No		If no, go to 2.1
1b	Further information about the Agent			1		
1.2	Name					
1.3	Address					
1.4	Email					
1.5	Main telephone number					
1.6	Other telephone number					
2	Augliona dos lo					
2.1	Applicant details Name					
2.1						
2.2	Address					
2.3	Email					
2.4	Main telephone number					
2.5	Other telephone number				1	
2.6	Are you applying as a business or organisation, including a sole trader	Yes		No		
2.7	Are you applying as an individual	Yes		No		
	I					
3a	Applicant Business Is your company registered with companies					
3.1	house	Yes		No		If no, go to 3.3
3.2	Registration Number					
3.3	Is your business registered outside the UK					
3.4	VAT Number					
3.5	Legal status of the business					
3.6	Your position in the business					
3.7	The country where your head office is located.					
3b	Business Address – This should be your offici communication	al address – The a	ddres	s required of you	by lav	v to receive all
3.8	Building name or number					
3.9	Street					
3.10	District					
3.11	City or Town					
3.12	County or administrative area					
3.13	Post Code					
3.14	Country					

4a	Type of Applicatio	n						
4.1	Type of Application		New	Renewal				
4.2	Existing licence nu	mber						
4b	Animals to be acco	ommodat	ed	•				_
4.3	Wholly Indoors		Wholly out	doors	Combination of indo		oors and	
4.4	Breeds of dogs cor	ncerned						
4.5	Number of bitches	kept						
4.6	Owned by the applicant		Co owned by th	e applicant	On breedi	ng ter	ms	
4.7	Provide details of t	the ages o	f bitches kept.					
4.8	Number of studs k	ept						
4.9	Owned by the applicant		Co owned by th	e applicant	On breedi	ng ter	ms	
4.10	Provide details of t	the ages o	f the studs kept					
4c	Further information	on about t	the applicant	•				
4.11	Date of birth							
5	Premises to be lice			1				
5.1	Name of premises,		ame					
5.2	Address of premise							
5.3	Telephone number	r of premi	ses					
5.4	Email address							
5.5	Do you have planning permission for this business use.				Yes/No)		
6	Accommodation a	nd faciliti						
6.1	Accommodation and facilities Details of the quarters used to accommodate animals, including number, size and type of construction							
6.2	Exercise facilities and arrangements							
6.3	Heating arrangeme	ents:						
6.4	Method of ventilat	tion of pre	emises					
6.5	Lighting arrangeme	ents (natu	ıral & artificial)					
6.6	Water supply							
6.7	Facilities for food storage & preparation							
6.8	Arrangements for disposal of excreta, bedding and other waste material							
6.9	Isolation facilities for the control of infectious diseases							
6.10	Fire precautions/equipment and arrangements in the case of fire							
6.11	Do you keep and maintain a register of animals?				Yes/No			
6.12	How do you propo disturbance from r		imise					

Veterinary surgeon
Name of usual veterinary surgeon
Company name
Address
Telephone number
Email address

8a	Emergency key holder		
8.1	Do you have an emergency key holder?	Yes/No	If no, go to 9.1
8.2	Name		
8.3	Position/job title		
8.4	Address		
8.5	Daytime telephone number		
8.6	Evening/other telephone number		
8.7	Email address		
8.8	Add another person?	Yes/No	If no, go to 9.1
8b	Emergency key holder 2		
8.9	Do you have an emergency key holder?	Yes/No	If no, go to 9.1
8.10	Name		
8.11	Position/job title		
8.12	Address		
8.13	Daytime telephone number		
8.14	Evening/other telephone number		
8.15	Email address		

9	Public liability insurance		
9.1	Do you have public liability insurance?	Yes/No	If no, go to 9.6
9.2	Please provide details of the policy		
9.3	Insurance company		
9.5	Policy number		
9.6	Period of cover		
9.7	Amount of cover (£)		
9.8	Please state what steps you are taking to obtain such insurance		

10	Disqualifications and convictions		
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:		
10.1	Keeping a pet shop?	Yes/No	
10.2	Keeping a dog?	Yes/No	
10.3	Keeping an animal boarding establishment?	Yes/No	
10.4	Keeping a riding establishment?	Yes/No	
10.5	Having custody of animals?	Yes/No	
10.6	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	

10	Disqualifications and convictions			
10.7	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	
10.8	If yes to any of these questions, please provide details,			

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

12	Model Licence Conditions & Guidance		
	All applicants to tick that they have read the a	pplicable model licence conditions & guidance	
12.1	The Breeding and Sale of Dogs		

13	Additional Information
	Please attach the following Information
13.1	A plan of the premises
13.2	Operating procedures
13.3	Risk Assessments (including Fire)
13.4	Infection control procedure
13.5	Training records

14	Declaration	
14.1	This section must be completed by the applicar applicant.	nt. If you are an agent please ensure this section is completed by the
14.2	I am aware of the provisions of the relevant Act form and any attached documentation are corr	t and model licence conditions. The details contained in the application rect to the best of my knowledge and belief.
14.3	Signing this box indicates you have read and understood the above declaration	
14.4	Full Name	
14.5	Capacity	
14.6	Date	

Please Return to: Licensing Service

Blackpool Council Municipal Building Corporation Street

Blackpool FY1 1NA

Email: licensing@blackpool.gov.uk