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

**A3**

# Application for a licence to carry on the activity of breeding dogs

*Please Note: Incomplete applications will be returned.*

## Standard applicant profile section 1

|  |  |  |
| --- | --- | --- |
| **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** | **Agent** | | | | | |  |
| 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 |  | | | | | |
| 3.4 | Main telephone number |  | | | | | |
| 3.5 | Other telephone number |  | | | | | |
| 3.6 | Applying as a business or organisation, including a sole trader? | Yes |  | No |  |  |  |
| 3.7 | Applying as an individual? | Yes |  | No |  |  |  |
| 3.8 | Date of birth |  | | | | | |

| **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 |  | | | | |  |
| **4b** | **Business address – this should be your official address, i.e. the address required of you by law to receive all communication** | | | | | | |
| 4.8 | Building name or number |  | | | | | |
| 4.9 | Street |  | | | | | |
| 4.10 | District |  | | | | | |
| 4.11 | City or town |  | | | | | |
| 4.12 | County or administrative area |  | | | | | |
| 4.13 | Postcode |  | | | | | |
| 4.14 | Country |  | | | | | |

Please complete all the questions in the form.

If you have nothing to record, please state ‘not applicable’ or ‘none’

| **5** | **Type of application** | | | | | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 | Type of application | | | New | |  | | Renewal |  | If new, go to 5a | |  |
| 5.1a | **Length of licence** *- please note the length of licence is dependent upon the inspection* | | | 1 YEAR LICENCE | |  | | 2 YEAR LICENCE |  | 3 YEAR LICENCE | |  |
| 5.2 | Existing licence number | | |  | | | | | | | |  |
| **5a** | **Animals to be accommodated** | | | | | | | | | | |  |
| 5.3 | Wholly indoors |  | Wholly outdoors | |  | | Combination of outdoors and indoors | | | |  |  |
| 5.4 | Breeds of dogs concerned | | |  | | | | | | | |  |
| 5.5 | Number of bitches kept | | |  | | | | | | | |  |
| 5.6 | Owned by the applicant |  | Co-owned by the applicant | |  | | On breeding terms | | | |  |  |
| 5.7 | Provide details of the ages of bitches kept | | |  | | | | | | | |  |
| 5.8 | Number of studs kept | | |  | | | | | | | |  |
| 5.9 | Owned by the applicant |  | Co-owned by the applicant | |  | | On breeding terms | | | |  |  |
| 5.10 | Provide details of the ages of the studs kept | | |  | | | | | | | |  |

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| **6** | **Premises to be licensed** | |  |
| 6.1 | Name of premises/trading name |  |  |
| 6.2 | Address of premises |  |  |
| 6.3 | Telephone number of premises |  |  |
| 6.4 | Email address |  |  |
| 6.5 | Do you have planning permission for this business use? | Yes/No |  |

| **7** | **Accommodation and facilities** | | |  |
| --- | --- | --- | --- | --- |
| 7.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  | |  |
| 7.2. | Exercise facilities and arrangements |  | |  |
| 7.3 | Heating arrangements |  | |  |
| 7.4 | Method of ventilation of premises |  | |  |
| 7.5 | Lighting arrangements (natural & artificial) |  | |  |
| 7.6 | Water supply |  | |  |
| 7.7 | Facilities for food storage & preparation |  | |  |
| 7.8 | Arrangements for disposal of excreta, bedding and other waste material |  | |  |
| 7.9 | Isolation facilities for the control of infectious diseases |  | |  |
| 7.10 | Fire precautions/equipment and arrangements in the case of fire |  | |  |
| 7.11 | Do you keep and maintain a register of animals? | Yes/No |  |  |
| 7.12 | How do you propose to minimise disturbance from noise? |  | |  |

| **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 |  |  |

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| --- | --- | --- | --- | --- |
| **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 12.1 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 (£5million minimum required) | |  | |  |
| 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 management of the establishment, ever been disqualified from: | | |  |
| 11.1 | Keeping a pet shop? | Yes/No |  |  |
| 11.2 | Keeping a dog? | Yes/No |  |
| 11.3 | Keeping an animal boarding establishment? | Yes/No |  |
| 11.4 | Keeping a riding establishment? | Yes/No |  |
| 11.5 | Having custody of animals? | Yes/No |  |
| 11.6 | Has the applicant, or any person who will have control or management of the establishment, been disqualified or convicted of any offences under the:  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? | Yes/No |  |  |
| 11.7 | 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 |  |  |
| 11.8 | If ‘yes’ to any of these questions, please provide details |  | |  |

| **12** | **Additional details** | |  |
| --- | --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required | |  |
| 12.1 | Additional information which is required or may be relevant to the application |  |  |

## Standard payment and declaration section

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| --- | --- | --- |
| **13** | **Payment** | |
| 13.1 | Payment must be made at the time of making the application | |
| 13.2 | Confirm date payment of Part A fee made and how made e.g. online. Include reference number |  |

| **14** | **Statutory guidance** | |  |
| --- | --- | --- | --- |
|  | All applicants to tick that they have read the applicable statutory guidance and conditions | | |
| 14.1 | Selling Animals as Pets |  | |
| 14.2 | Boarding for Cats |  | |
| 14.3 | Boarding in Kennels for Dogs |  | |
| 14.4 | Day Care for Dogs |  | |
| 14.5 | Home Boarding for Dogs |  | |
| 14.3 | Keeping or Training Animals for Exhibition |  | |
| 14.4 | Hiring Out Horses |  | |
| 14.5 | Breeding Dogs |  | |

| **15** | **Additional information** | |  |
| --- | --- | --- | --- |
|  | Please attach the following Information | | |
| 15.1 | A plan of the premises |  | |
| 15.2 | Insurance policy (minimum £5million) |  | |
| 15.3 | Standard operating procedures |  | |
| 15.4 | Emergency response plan |  | |
| 15.5 | Infection control procedure |  | |
| 15.6 | Qualifications |  | |
| 15.7 | Training records |  | |
| 15.8 | Other documents may be required specific to the type of activity |  | |

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| **16** | **Declaration** | |  |
| 16.1 | This section must be completed by the applicant. If you are an agent, please ensure this section is completed by the applicant. | | |
| 16.2 | I am aware of the provisions of the relevant Act, Regulations and Statutory Guidance.  The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.  I understand that a person authorised by the Council will inspect the premises before a licence is issued.  I understand that a person authorised by the Council may inspect the premises either by appointment or unannounced at any reasonable time.  I understand that a person authorised by the Council may take photographs or video footage whilst carrying out inspections or visits to the premises.  I am aware that a fee is payable for this licence application.  I accept that all veterinary fees incurred by the authority in respect to the licence application will be recoverable at cost.  I accept that in the event of my application being refused or I withdraw it, I will not be refunded the application fee or any part thereof under any circumstances.  I apply under the above legislation for a licence to carry on the activity of **dog breeding** at the above premises.  I accept that on occasion the Council has to provide information to third parties in response to requests made under the Environmental Information Regulations 2004, Data Protection Act 1998 and Freedom of Information Acts. | | |
| 16.3 | Ticking this box indicates you have read and understood the above declaration |  | |
| 16.4 | Signature(s) |  | |
| 16.5 | Full name |  | |
| 16.6 | Capacity/position of signatory |  | |
| 16.7 | Date |  | |

**Please return your completed application form, along with all relevant documents, and the application fee to: - Licensing Department, Public Health and Public Protection Services, Westmorland and Furness, Town Hall, Duke Street, Barrow in Furness, Cumbria LA14 2LD or email to commercial@westmorlandandfurness.gov.uk**

**DATA PROTECTION** Personal information provided in an application form and during the period of any subsequent Licence is normally held for a period of six years from the expiry of the last consecutive Licence held. It will be used primarily for the purpose of the licensing function concerned although it may also be used for data matching purposes across various licensing functions. Personal information held for licensing purposes will be held and used in accordance with the requirements of the Data Protection Act 2018 and General Data Protection Regulations. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers the Council may use information provided for licensing purposes within this Authority for data matching purposes. It may also data match information provided for licensing purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud. If you do have any queries regarding any Data Protection, please contact the responsible officer. FREEDOM OF INFORMATION Information held by the Council may need to be disclosed in response to a request for it within the terms of the Freedom of the Information Act 2000. This information excludes that which is in any other way already in the public domain.

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| **Office use only** | | | |
| Date received: |  | Application Fee received: | £ |
| Received by: |  | Receipt number: |  |
| Application complete: |  | Lic. Approved: |  |
| Plans received:  (New & Change to premise layout) |  | Inspection Date |  |
| Relevant documents submitted |  | Lic. Expires: |  |
| Licence valid from: |  | Grant Fee Paid |  |