

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

Application for a licence to operate a dog breeding establishment

Part one Applicant and Business Details

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	М
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	Applicant details				
3.7	Applying as an individual	Yes	No		

4	Applicant Business						
4.1	Is your company registered with companies house	yes		No		If no go to 4.3	М
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 yo receive all communication	ur official addre	ss – 1	The address red	quire	d of you by law to	
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	Post Code						
4.14	Country						

Part 2: See page 3

Part 2 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	Type of Application					
1.1	Type of Application		New	Renewal		
1.2	Existing licence number	er				
1b	Animals to be accom	modated	l			
1.3	Wholly Indoors	Wholly out	doors	Combination of indo		
1.4	Breeds of dogs concer	ned				
1.5	Number of bitches kep	t				
1.6	Owned by the applicant	Co owned applica		On breed	ing terms	
1.7	Provide details of the a kept.	ges of bitches				
1.8	Number of studs kept					
1.9	Owned by the applicant	Co owned applica		On breed	ing terms	
1.10	Provide details of the a	ages of the studs				
1c	Further information a	bout the applicant				
1.11	Date of birth					
2	Premises to be licens	sed				
2.1	Name of premises/trac	ling name				
2.2	Address of premises					
2.3	Telephone number of p	oremises				
2.4	Email address					
2.5	Do you have planning this business use.	permission for		Yes/N	0	
3	Accommodation and	facilities				
3.1	Details of the quarters accommodate animals number, size and type	, including				
3.2.	Exercise facilities and	arrangements				
3.3	Heating arrangements	:				
	•					

3	Accommodation and facilities	
3.4	Method of ventilation of premises	
3.5	Lighting arrangements (natural & artificial)	
3.6	Water supply	
3.7	Facilities for food storage & preparation	
3.8	Arrangements for disposal of excreta, bedding and other waste material	
3.9	Isolation facilities for the control of infectious diseases	
3.10	Fire precautions/equipment and arrangements in the case of fire	
3.11	Do you keep and maintain a register of animals?	Yes/No
3.12	How do you propose to minimise disturbance from noise?	

4	Veterinary surgeon	
4.1	Name of usual veterinary surgeon	
4.2	Company name	
4.3	Address	
4.4	Telephone number	
4.5	Email address	

5a	Emergency key holder		
5.1	Do you have an emergency key holder?	Yes/No	If no, go to 6.1
5.2	Name	•	
5.3	Position/job title		
5.4	Address		
5.5	Daytime telephone number		
5.6	Evening/other telephone number		
5.7	Email address		
5.8	Add another person?	Yes/No	If no, go to 6.1
5b	Emergency key holder 2	·	
5.9	Do you have an emergency key holder?	Yes/No	If no, go to 6.1
5.10	Name	<u> </u>	
5.11	Position/job title		
5.12	Address		
5.13	Daytime telephone number		

5.14	Evening/other telephone number	
5.15	Email address	

6	Public liability insurance		
6.1	Do you have public liability insurance?	Yes/No	If no, go to 6.6
6.2	Please provide details of the policy		
6.2	Insurance company		
6.3	Policy number		
6.4	Period of cover		
6.5	Amount of cover (£)		
6.6	Please state what steps you are taking to obtain such insurance		

7	Disqualifications and convictions	
	Has the applicant, or any person who will have control or management disqualified from:	nt of the establishment, ever been
7.1	Keeping a pet shop?	Yes/No
7.2	Keeping a dog?	Yes/No
7.3	Keeping an animal boarding establishment?	Yes/No
7.4	Keeping a riding establishment?	Yes/No
7.5	Having custody of animals?	Yes/No
7.6	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
7.7	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
7.8	If yes to any of these questions, please provide details,	

8	Additional details
	Please check local guidance notes and conditions for any additional information which may be required

8	Additional details	
8.1	Additional information which is required or may be relevant to the application	

Part 3 Declaration and Payment

1	Payment				
1.1	Payment must be made at the time of making the application Note: there are two payments to be made				
	1: Licence Application				
	2: Grant of Licence				
1.2	Follow the link to make payment				
	Fee for Application £ Fee for Grant of Licence £				

2	Model Licence Conditions & Guidance				
	All applicants to tick that they have read the applicable model licence conditions & guidance as you will I required to meet the minimum standards				
2.1	Pet Vending				
2.3	Animal Boarding				
2.4	Performing Animals				
2.5	Riding Establishments				
2.6	The Breeding and Sale of Dogs				

Additional Information					
Please attach the following Information					
A plan of the premises	Attached	Yes	No		
Insurance policy	Attached	Yes	No		
Operating procedures	Attached	Yes	No		
Risk Assessments (including Fire)	Attached	Yes	No		
Infection control procedure	Attached	Yes	No		
Qualifications	Attached	Yes	No		
Training records	Attached	Yes	No		
	Please attach the following Information A plan of the premises Insurance policy Operating procedures Risk Assessments (including Fire) Infection control procedure Qualifications	Please attach the following Information A plan of the premises Attached Insurance policy Attached Operating procedures Attached Risk Assessments (including Fire) Attached Infection control procedure Attached Qualifications Attached	Please attach the following Information A plan of the premises Insurance policy Operating procedures Risk Assessments (including Fire) Infection control procedure Attached Yes Attached Yes Attached Yes Attached Yes Attached Yes Attached Yes	Please attach the following Information A plan of the premises Attached Yes No Insurance policy Attached Yes No Operating procedures Attached Yes No Risk Assessments (including Fire) Infection control procedure Attached Yes No Qualifications Attached Yes No	

4	Declaration		
4.1	This section must be completed by the applicant.	plicant. If you are an agent please ensure this section is completed	
4.2	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.		
4.3	Ticking this box indicates you have read and understood the above declaration		
4.4	Full Name		
4.5	Capacity		
4.6	Date		

5	Save form		
5.1	Please click here if you wish to save this form for your records.		