



Application for a licence to breed dogs

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



Stratford-on-Avon District Council, Licensing Team

Governance and Democracy, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
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If you find the text on this form difficult to read we may be able to supply it in a format better suited to your needs.

PRIVACY STATEMENT

The personal data that you provide will be used in the determination of your application, matters in connection with any licence issued and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to determine your suitability for a licence and enable us to administer your licence should any be granted. If you do not complete this form we will not be able to determine your suitability for a licence or administer any licence issued, so the licence application will be refused.

Your name will be available on the council's public register of premises that have applied to become licensed, together with the status of any such licence. Your personal data may be shared with: an authorised veterinary surgeon; internal council departments who require access to your information for the purposes of administration, regulation and law enforcement; the Cabinet Office as part of the National Fraud Initiative; HM Revenue and Customs; National Anti-Fraud Network; law enforcement agencies, including but not limited to, the police.

Your data will be kept for the duration of the time you hold a licence issued by Stratford-on-Avon District Council, and will be destroyed 6 years after the date your licence expired.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on www.stratford.gov.uk

For the Data Controller and Data Protection Officer's contact details and further information please see the Council's main Privacy Notice on www.stratford.gov.uk

Please complete all the questions in the form. If you have nothing to record, please state "Not applicable" or "None"

1 Licence or Reference number					
1.1	System reference Number (if known)				
1.2	Your reference (if known)				
2a 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				
	Postcode				

2.4	Email	
2.5	Main telephone number	
2.6	Other telephone number	

3 Applicant details

3.1	Name	
3.2	Address	
	Postcode	
3.3	Email	
3.4	Main telephone number	
3.5	Other telephone number	
3.6	Date of birth (DD/MM/YYYY)	

4a Applicant Business

4.1	Do you have a company registered with companies house	YES		NO		If no, go to 5
4.2	Business Name					
4.2	Registration Number					
4.3	Is your business registered outside the UK	YES		NO		
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 – 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	Post Code	
4.14	Country	

5 Type of Application

5.1	Type of application	New		Renewal		If new, go to 6
5.2	Existing licence number (if applicable)					

6 Animals to be accommodated

6.1	Wholly indoors		Wholly outdoors		Combination of outdoors and indoors	
6.2	Breeds of dogs concerned					
6.3	Number of bitches kept					
6.4	Owned by the applicant		Co owned by the applicant		On breeding terms	
6.5	Provide details of the ages of bitches kept.					
6.6	Number of studs kept					
6.7	Owned by the applicant		Co owned by the applicant		On breeding terms	
6.8	Provide details of the ages of the studs kept					

7 Premises to be licensed

7.1	Name of premises/trading name					
7.2	Address of premises					
	Postcode					
7.3	Telephone number of premises					
7.4	Email address					
7.5	Do you have planning permission for this business use.	YES		NO		

8 Accommodation and facilities

8.1	Details of the quarters used to accommodate animals, including number, size and type of construction					
8.2	Exercise facilities and arrangements					
8.3	Heating arrangements:					
8.4	Method of ventilation of premises					
8.5	Lighting arrangements (natural & artificial)					
8.6	Water supply					

8.7	Facilities for food storage & preparation				
8.8	Arrangements for disposal of excreta, bedding and other waste material				
8.9	Isolation facilities for the control of infectious diseases				
8.10	Fire precautions/equipment and arrangements in the case of fire				
8.11	Do you keep and maintain a register of animals?	YES		NO	
8.12	How do you propose to minimise disturbance from noise?				

9 Veterinary surgeon

9.1	Name of usual veterinary surgeon				
9.2	Company name				
9.3	Company Address				
	Postcode				
9.4	Telephone number				
9.5	Email address				

10a Emergency key holder

10.1	Name				
10.2	Position / job title				
10.3	Address				
	Postcode				
10.4	Daytime telephone number				
10.5	Evening/other telephone number				
10.6	Email address				
10.7	Add another person?	YES		NO	If no, go to 11

10b Emergency key holder 2

10.8	Name	
10.9	Position / job title	
10.10	Address	
	Postcode	
10.11	Daytime telephone number	
10.12	Evening/other telephone number	
10.13	Email address	

11 Public liability insurance

11.1	Do you have public liability insurance?	YES		NO		If no, go to 11.7
11.2	Please provide details of the policy					
11.3	Insurance company					
11.4	Policy number					
11.5	Period of cover					
11.6	Amount of cover (£)					
11.7	Please state what steps you are taking to obtain such insurance					

12 Disqualifications and convictions

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:						
12.1	Keeping a pet shop?	YES		NO		
12.2	Keeping a dog?	YES		NO		
12.3	Keeping an animal boarding establishment?	YES		NO		
12.4	Keeping a riding establishment?	YES		NO		
12.5	Having custody of animals?	YES		NO		
12.6	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		
12.7	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		
12.8	If yes to any of these questions, please provide details.					

13 Additional details

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

13.1 Additional information which is required or may be relevant to the application

14 Model Licence Conditions & Guidance

All applicants to tick that they have read the applicable model licence conditions & guidance

14.1 The Breeding and Sale of Dogs

Read

15 Additional Information

Please attach the following Information (Please tick to confirm it is enclosed)

15.1 A plan of the premises

Enclosed

15.2 Insurance policy

Enclosed

15.3 Written procedures - see General Condition 9.1

Enclosed

15.4 Emergency Plan - see General Condition 10

Enclosed

15.5 Healthcare Plan signed by vet - see Specific Condition 6.12

Enclosed

15.6 Qualifications and / or evidence of experience - see General Condition 4.2

Enclosed

15.7 Staff Training Policy - see General Condition 4.3

Enclosed

15.8 Fee

Enclosed

16 Declaration

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

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.

16.1 Signing this box indicates you have read and understood the above declaration

16.2 Full Name (IN CAPITALS)

16.3 Capacity

16.4 Date of signing (DD/MM/YYYY)

To submit this completed form by email to licensing.applications@stratford-dc.gov.uk please click this button

**SUBMIT
FORM**