



Application for a Licence to Hire out Horses

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	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 Establishment to be licensed

6.1	Name of premises/trading name					
6.2	Address of premises					
	Postcode					
6.3	Telephone number of premises					
6.4	Email address					
6.5	Is the establishment open throughout the year?	YES		NO		
6.6	When is it normally open?					
6.7	Do you have planning permission for this business use.	YES		NO		

7 Accommodation and facilities

Please describe the accommodation available for horses:

7.1	Stalls (please give the number)	
7.2	Boxes (please give the number)	
7.3	Covered yard (please give dimensions)	
7.4	Open yard (please give dimensions)	

Please describe the land available for:

7.5	Grazing	
7.6	Instructing or demonstrating	
7.7	Exercise	

Please describe the accommodation available for:

7.8	Forage and bedding	
7.9	Equipment and saddlery	

Please describe the arrangements in place for:

7.10	Water supply and watering horses	
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7.11	Disposal of animal waste	
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7.12	Protection of horses in event of a fire, and fire precautions	
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8 Horses

8.1	How many horses are kept under the terms of the Act at the present time?	
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8.2	How many horses is it intended to keep under the terms of the Act during the year?	
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9 Please provide details of all the horses currently kept

Horse 1

9.1	Name of horse	
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9.2	Description including size	
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9.3	Sex	
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9.4	Age	
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9.5	Horse passport number	
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9.6	Purpose for which horse is kept	
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9.7	Age range of people who ride this horse	
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9.8	Add another horse?	YES		NO		If no, go to 10
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Horse 2

9.9	Name of horse	
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9.10	Description including size	
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9.11	Sex	
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9.12	Age	
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9.13	Horse passport number	
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9.14	Purpose for which horse is kept	
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9.15	Age range of people who ride this horse	
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9.16	Add another horse?	YES		NO		If no, go to 10
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Horse 3	
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9.17	Name of horse	
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9.18	Description including size	
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9.19	Sex	
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9.20	Age	
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9.21	Horse passport number	
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9.22	Purpose for which horse is kept	
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9.23	Age range of people who ride this horse	
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If you intend to hire out further horses please use the 'additional horses information sheet'	
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10 Management of the establishment	
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10.1	Name of the manager/person with direct control of the establishment	
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10.2	Address	
	Postcode	

Does the manager have any of the following certificates? (tick all that apply)	
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10.3	Assistant Instructor's Certificate of the British Horse Society	Have	<input type="checkbox"/>
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10.4	Intermediate Instructor's Certificate of the British Horse Society	Have	<input type="checkbox"/>
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10.5	Instructor's Certificate of the British Horse Society	Have	<input type="checkbox"/>
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10.6	Fellowship of the British Horse Society	Have	<input type="checkbox"/>
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10.7	Fellowship of the Institute of the Horse	Have	<input type="checkbox"/>
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10.8	None of the above	None	<input type="checkbox"/>
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10.9	Please give details of the manager's experience in the management of horses		

10.10	Does a responsible person live at the establishment?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10.11	What are the arrangements in the event of an emergency?				
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10.12	Will a person who is under 16 years of age be left in charge of the establishment at any time?	YES		NO	
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10.13	Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?	YES		NO	
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11 Veterinary surgeon

11.1	Name of usual veterinary surgeon	
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11.2	Company name	
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11.3	Company Address	
	Postcode	

11.4	Telephone number	
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11.5	Email address	
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12 Public liability insurance

12.1	Do you have public liability insurance?	YES		NO		If no, go to 12.10
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12.2	Please provide details of the policy	
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12.3	Insurance company	
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12.4	Policy number	
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12.5	Period of cover	
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12.6	Amount of cover (£)	
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Does this policy:

12.7	Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment?	YES		NO	
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12.8	Insure against liability arising out of such hire or use of a horse?	YES		NO	
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12.9	Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use?	YES		NO	
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If yes to all 12.7, 12.8 and 12.9 go to 13

12.10	Please state what steps you are taking to obtain such insurance	
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13 Disqualifications and convictions

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:

13.1	Keeping a pet shop?	YES		NO	
13.2	Keeping a dog?	YES		NO	
13.3	Keeping an animal boarding establishment?	YES		NO	
13.4	Keeping a riding establishment?	YES		NO	
13.5	Having custody of animals?	YES		NO	
13.6	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	
13.7	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	
13.8	If yes to any of these questions, please provide details.				

14 Additional details

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

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

15 Model Licence Conditions & Guidance

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

15.1	Riding Establishments	Read	
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16 Additional Information

Please attach the following Information if new application or renewal (Please tick to confirm it is enclosed)

16.1	A plan of the premises	Enclosed	<input type="checkbox"/>
16.2	Insurance policy	Enclosed	<input type="checkbox"/>
16.3	Written procedures - see General Condition 9.1	Enclosed	<input type="checkbox"/>
16.4	Emergency Plan - see General Condition 10	Enclosed	<input type="checkbox"/>
16.5	Qualifications and / or evidence of experience - see General Condition 4.1	Enclosed	<input type="checkbox"/>
16.6	Staff Training Policy - see General Condition 4.3	Enclosed	<input type="checkbox"/>
16.7	Fee	Enclosed	<input type="checkbox"/>

17 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.

17.1	Signing this box indicates you have read and understood the above declaration	<input type="checkbox"/>
17.2	Full Name (IN CAPITALS)	<input type="text"/>
17.3	Capacity	<input type="text"/>
17.4	Date of signing (DD/MM/YYYY)	<input type="text"/>

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

**SUBMIT
FORM**