



Application for a licence to keep or train animals for exhibition



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

Stratford-on-Avon District Council, Licensing Team

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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
	<input type="checkbox"/> YES <input type="checkbox"/> 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	Are you applying as a business or organisation, including a sole trader	YES		NO		
3.7	Are you applying as an individual	YES		NO		

4a Applicant Business

4.1	Is your company registered with companies house	YES		NO		If no, go to 5a
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 business / performance (please tick)

5.1	TV / Film / Social Media		
5.2	Theatre		
5.3	Circus using domestic animals		
5.4	Exhibiting Animals		
5.5	Animal Encounters		
5.6	Birds of Prey shows / exhibits		
5.7	Other please state		

6 Application Details

6.1	Have you been registered / licensed before	YES		NO		If no, go to 7
6.2	Local Authority where registered/licensed					
6.3	Give details of registration e.g type and numbers of animals, type of performance or exhibition.					

7 Further information about the applicant

7.1	Stage name (if any)									
7.3	Nationality									
7.4	Date of birth (DD/MM/YYYY)			/		/				

8 Animals to be trained

8.1	Name of premises/trading name					
8.2	Address of premises					
	Postcode					
8.3	Telephone number of premises					
8.4	Email address					

9 Kinds of animal to be trained and the number of each kind

9.1	Kind of animal					
9.2	Number					
9.3	Add another kind of Animal?	YES		NO		If no, go to 10

11.2	Approximate duration of the performance(s)	
11.3	Number of times the performance will be given in one day.	
11.4	How will the animals be transported	
11.5	Where are the animals to be kept when not performing or being exhibited.	

12 Veterinary surgeon

12.1	Name of usual veterinary surgeon	
12.2	Company name	
12.3	Company Address	
	Postcode	
12.4	Telephone number	
12.5	Email address	

13a Emergency key holder

13.1	Do you have an emergency key holder?	YES		NO		If no, go to 13
13.2	Name					
13.3	Position / job title					
13.4	Address					
	Postcode					
13.5	Daytime telephone number					
13.6	Evening/other telephone number					
13.7	Email address					
13.8	Add another person?	YES		NO		If no, go to 13

13b Emergency key holder 2

13.9	Name					
13.10	Position / job title					
13.11	Address					
	Postcode					

13.12	Daytime telephone number	
13.13	Evening/other telephone number	
13.14	Email address	

14 Public liability insurance

14.1	Do you have public liability insurance?	YES		NO		If no, go to 15
14.2	Please provide details of the policy					
14.3	Insurance company					
14.4	Policy number					
14.5	Period of cover					
14.6	Amount of cover (£)					
14.7	Please state what steps you are taking to obtain such insurance					

15 Disqualifications and convictions

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:						
15.1	Keeping a pet shop?	YES		NO		
15.2	Keeping a dog?	YES		NO		
15.3	Keeping an animal boarding establishment?	YES		NO		
15.4	Keeping a riding establishment?	YES		NO		
15.5	Having custody of animals?	YES		NO		
15.6	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		
15.7	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		
15.8	If yes to any of these questions, please provide details.					

16 Additional details

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

17 Model Licence Conditions & Guidance

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

17.1	Pet Vending	Read	<input type="checkbox"/>
17.2	Animal Boarding	Read	<input type="checkbox"/>
17.3	Performing Animals	Read	<input type="checkbox"/>
17.4	Riding Establishments	Read	<input type="checkbox"/>
17.5	The Breeding and Sale of Dogs	Read	<input type="checkbox"/>

18 Additional Information

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

18.1	A plan of the premises	Enclosed	<input type="checkbox"/>
18.2	Insurance policy	Enclosed	<input type="checkbox"/>
18.3	Operating procedures	Enclosed	<input type="checkbox"/>
18.4	Risk Assessments (including Fire)	Enclosed	<input type="checkbox"/>
18.5	Infection control procedure	Enclosed	<input type="checkbox"/>
18.6	Qualifications	Enclosed	<input type="checkbox"/>
18.7	Training records	Enclosed	<input type="checkbox"/>
18.8	Fee	Enclosed	<input type="checkbox"/>

19 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.

19.1	Signing this box indicates you have read and understood the above declaration	<input type="checkbox"/>
19.2	Full Name (IN CAPITALS)	<input type="text"/>
19.3	Capacity	<input type="text"/>
19.4	Date of signing (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / 2 0 <input type="text"/> <input type="text"/>