



Application for a licence to sell animals as pets



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	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

5.1	Pet Shop	
5.2	Home Sales	
5.3	Internet Sales	
5.4	Wholesales	
5.5	Third Party Sales	
5.6	Hobby Sales	
5.7	Sale of animals to the public as pets by means of a fixed or minimum donation	
5.8	Other please state	

6 Type of Application

6.1	Type of Application	New		Renewal		If new, go to 7
6.2	Existing licence number (if applicable)					

7 Further information about the applicant

7.1	Is the establishment open throughout the year?	YES		NO		
7.2	Please provide details of training certificates and qualifications					
7.3	Please provide details of relevant experience					

8 Premises to be licensed

8.1	Name of premises/trading name					
8.2	Address of premises					
	Postcode					
8.3	Telephone number of premises					
8.4	Email address					
8.5	Do you have planning permission for this business use.	YES		NO		

9 Accommodation and facilities

9.1	Number and size of rooms to be used					
9.2	Heating arrangements					
9.3	Method of ventilation of premises					
9.4	Lighting arrangements (natural & artificial)					

9.5	Water supply	
9.6	Facilities for food storage & preparation	
9.7	Arrangements for disposal of excreta, bedding and other waste material	
9.8	Isolation facilities for the control of infectious diseases	
9.9	Fire precautions/equipment and arrangements in the case of fire	
9.10	Do you keep and maintain a register of animals?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9.11	When the premises is closed what arrangements are in place to ensure the welfare of animals.	

10 Animals to be sold

Please provide details of the animals to be sold

	Type	Yes or No			Maximum number	Details of accommodation including size	Age at which to be sold
		YES		NO			
10.1	Dogs / puppies	YES		NO			
10.2	Cats / kittens	YES		NO			
10.3	Chipmunks	YES		NO			
10.4	Rabbits & cavies	YES		NO			
10.5	Hamsters	YES		NO			
10.6	Rats, mice & gerbils	YES		NO			
10.7	Larger domesticated mammals, e.g. goats, pot-bellied pigs	YES		NO			
10.8	Primates e.g. marmosets	YES		NO			
10.9	Parrots, parakeets and macaws	YES		NO			
10.10	Pigeons	YES		NO			
10.11	Other large birds (please specify)	YES		NO			
10.12	Budgerigars, finches and other small birds	YES		NO			
10.13	Tortoises	YES		NO			
10.14	Snakes and lizards	YES		NO			
10.15	Tropical fish	YES		NO			
10.16	Marine fish	YES		NO			
10.17	Cold water fish	YES		NO			
10.18	Any other species (please specify)	YES		NO			

11 Veterinary surgeon

11.1	Name of usual veterinary surgeon	
11.2	Company name	
11.3	Company Address	
	Postcode	
11.4	Telephone number	
11.5	Email address	

12a Emergency key holder

12.1	Name			
12.2	Position / job title			
12.3	Address			
	Postcode			
12.4	Daytime telephone number			
12.5	Evening/other telephone number			
12.6	Email address			
12.7	Add another person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, go to 13

12b Emergency key holder 2

12.8	Name	
12.9	Position / job title	
12.10	Address	
	Postcode	
12.11	Daytime telephone number	
12.12	Evening/other telephone number	
12.13	Email address	

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	Pet Vending		Read	
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16 Additional Information

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

16.1	A plan of the premises	Enclosed	
16.2	Insurance policy	Enclosed	
16.3	Written procedures - see General Condition 9.1	Enclosed	
16.4	Emergency Plan - see General Condition 10	Enclosed	
16.5	Qualifications and / or evidence of experience - see General Condition 4.2	Enclosed	
16.6	Staff Training Policy - see General Condition 4.3	Enclosed	
16.7	Fee	Enclosed	

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	
17.2	Full Name (IN CAPITALS)	
17.3	Capacity	
17.4	Date of signing (DD/MM/YYYY)	

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

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FORM**