

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

Section 1 – Applicant Details				
First Name: Date of Birth:				
Surname:				
Email Address:				
Main Telephone Number:				
Mobile Number:				
Are you: (please tick as appropriate)				
<ul><li>Applying as a business or organisation, including a s</li><li>Applying as an individual</li></ul>	A sole trader is a business owned by one person without any special legal structure.  Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as			
.,, .,	following a hobby.			
Is your business registered in the UK with Companies House	?			
Registration Number:				
Is your business registered outside the UK?	☐ Yes ☐ No			
Business Name:  If your business is registered, use its registered				
VAT Number:	name. Put "None" if you are not registered for VAT.			
Legal Status: Private Limited Company Par	tnership Sole Trader			
☐ Public Limited Company ☐ Ch	arity or Association 🔲 Public Body			
Your position in the business:				
Business Address: (If you have one, this should be your official address – this is an address required of you by law for receiving communications.)				
Building Number or Name:				
Street:				
City or Town:				
County: Post Code:				
Country:				



Section 2 – Application Details				
Type of Application: (Please tick as appropriate) New Renewal				
Existing Licence Number:				
Animals to be Accommodated:				
Wholly indoors:   Wholly outdoors:   Combination of Outdoors and indoors:				
Breeds of dogs concerned:				
Number of bitches kept:				
Owned by the applicant:   Co-owned by the applicant:   On breeding terms:				
Provide details of the ages of bitches kept:				
Number of studs kept:				
Owned by the applicant:   Co-owned by the applicant:   On breeding terms:				
Provide details of the ages of studs kept:				
Section 3 – Premises to be Licenced				
Name of Premises/Trading Name:				
Address:				
Is this address the same as the address given in Section One?  If "No" enter details below.				
☐ Yes ☐ No				
Building Number or Name:				
Street:				
City or Town:				
County: Post Code:				
Country:				
Contact Details:				
Are the contact details the same as those given in Section One?    Yes				



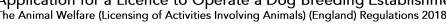
Section 3 – Premises to be Licenced (Continued)
Main Telephone Number:
Mobile Number:
Email Address:
Do you have planning permission for this business use?
Section 4 – Accommodation & Facilities
Details of the quarters used to accommodate animals, including number, size and type of construction:
Exercise facilities and arrangements:
Heating arrangements:
Method of ventilation of premises:
Lighting arrangements (natural & artificial)
Water supply:
Facilities for food storage & preparation:



Isolation facilities for the control of infectious diseases:  Fire precautions/equipment and arrangements in the case of fire (Emergency Plan):  Arrangements for keeping a register/record of animals:  Arrangements for minimising the disturbance from noise:  Section 5 – Veterinary Surgeon  Name of Usual Veterinary Surgeon:  Building Number or Name:  Street:  City or Town:  Country:  Country:  Contact Details:	Arrangements for disposal of excreta, bedding & other	r wasto matorial:
Fire precautions/equipment and arrangements in the case of fire (Emergency Plan):  Arrangements for keeping a register/record of animals:  Arrangements for minimising the disturbance from noise:  Section 5 – Veterinary Surgeon  Name of Usual Veterinary Surgeon:  Building Number or Name:  Street:  City or Town:  County:  Post Code:	All diligenients for disposal of excited, bedding a safet	waste material.
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City or Town:  County: Post Code:  Country:		
Country: Post Code:	Street:	
Country: Post Code:	City or Town:	
Country:	,	
	County:	Post Code:
Contact Details:	Country:	
Contact Details.	Contact Details:	
	Contact Details.	
Main Telephone Number: Mobile Number:	Main Telephone Number:	Mobile Number:
Email Address:	Email Address:	



Section 6 – Emergency Key Holder						
Do you have an emergency key holder?		Yes		No	(If yes, please	complete details below)
Name:						
Position/Job Title:						
Address:						
Daytime Telephone Number:						
Evening/Other Telephone Number:						
Email Address:						
Section 7 – Public Liability Insurance						
Do you have pubic liability insurance?		Yes		No	(If yes, pleas below)	se complete details
Insurance Company:		Рс	olicy N	lumber:		
Period of Cover:	А	mount c	of Cov	er (£m):		
If "No", please state what steps you are taking to obtain such insurance:						
Section 8 – Disqualifications & Conviction	าร					
Has the applicant or any persons who will have control or management of the establishment ever been disqualified from: (if yes to any of the below, please provide details in Section 9)						
Keeping a pet shop?			Yes			No
Keeping a dog?			Yes			No
Keeping an animal boarding establishment?			Yes			No
Keeping a riding establishment?			Yes			No
Having custody of animals?			Yes			No
Has the applicant or any person who will have co or management of the establishment been conv of any offences under the Animal Welfare Act 20	/icted	d 🗌	Yes			No
Has the applicant or any person who will have control or management of the establishment evhad a licence refused, revoked or cancelled?	er		Yes			No





Section 9 – Additional Information						
	Provide any additional information which is required or relevant to your application: (Review the relevant licence conditions and guidance notes which provide details of specific requirements in your area)					
Section 10	0 – Payment Details (	& Declaration				
Payment:	The appropriate application fee must accompany the application. The current fee structure can be found at <a href="https://www.chelmsford.gov.uk/licensing">www.chelmsford.gov.uk/licensing</a>					
Licence Co	onditions & Guidance:	I have read – (Tick as	appropriate)			
☐ Breed	ding of Dogs					
Additional Documentation: Please tick to indicate that you have attached the following documentation to your application:						
A plan of th	ne premises:		Infection Control Procedure:			
Insurance P	Policy:		Qualifications:			
Operating I	Procedures:		Training Records			
Risk Assess	Risk Assessments (including fire):					
<u>Declaration</u>	Declaration: (Must be completed by the applicant)					
I am aware of the provisions of The Animal Welfare (Licencing of Activities Involving Animals) (England) Regulations 2018. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.						
Ticking this box indicates you have read and understood the above declaration.						
Name:	ame: Capacity:					
Signature:	iignature: Date:					
Once completed please send the form, fee and relevant attachments to the following:						
C	ublic Health & Protectio	n Services	Email: <u>safe.support@che</u>	lmsford.gov.uk		
Civic Centre Duke Street Chelmsford Essex, CM1 1JE		Telephone: 01245 606606				