

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)	
<input type="checkbox"/> Applying as a business or organisation, including a sole trader <input type="checkbox"/> Applying as an individual	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number:	
Is your business registered outside the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:	If your business is registered, use its registered name. Put "None" if you are not registered for VAT.
VAT Number:	
Legal Status:	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Charity or Association <input type="checkbox"/> Public Body
Your position in the business:	
Business Address:	<i>(If you have one, this should be your official address – this is an address required of you by law for receiving communications.)</i>
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	

Section 2 – Application Details	
Type of Application: <i>(Please tick as appropriate)</i>	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Existing Licence Number:	
<u>Animals to be Accommodated:</u>	
Wholly indoors: <input type="checkbox"/> Wholly outdoors: <input type="checkbox"/> Combination of Outdoors and indoors: <input type="checkbox"/>	
Breeds of dogs concerned:	
Number of bitches kept:	
Owned by the applicant: <input type="checkbox"/> Co-owned by the applicant: <input type="checkbox"/> On breeding terms: <input type="checkbox"/>	
Provide details of the ages of bitches kept:	
Number of studs kept:	
Owned by the applicant: <input type="checkbox"/> Co-owned by the applicant: <input type="checkbox"/> On breeding terms: <input type="checkbox"/>	
Provide details of the ages of studs kept:	

Section 3 – Premises to be Licenced	
Name of Premises/Trading Name:	
<u>Address:</u>	
Is this address the same as the address given in Section One?	If "No" enter details below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
<u>Contact Details:</u>	
Are the contact details the same as those given in Section One?	If "No" to enter details below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3 – Premises to be Licenced (*Continued*)

Main Telephone Number:

Mobile Number:

Email Address:

Do you have planning permission for this business use? Yes No

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:

Arrangements for disposal of excreta, bedding & other waste material:
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:	
County:	Post Code:
Country:	
<u>Contact Details:</u>	
Main Telephone Number:	Mobile Number:
Email Address:	

Section 6 – Emergency Key Holder	
Do you have an emergency key holder?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 public liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete details below)
Insurance Company:	Policy Number:
Period of Cover:	Amount of Cover (£m):
If "No", please state what steps you are taking to obtain such insurance:	

Section 8 – Disqualifications & Convictions	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping a dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping an animal boarding establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping a riding establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having custody of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any person who will have control or management of the establishment ever had a licence refused, revoked or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 – Payment Details & Declaration

Payment: The appropriate application fee must accompany the application. The current fee structure can be found at www.chelmsford.gov.uk/licensing

Licence Conditions & Guidance: I have read – *(Tick as appropriate)*

Breeding of Dogs

Additional Documentation: *Please tick to indicate that you have attached the following documentation to your application:*

A plan of the premises: Infection Control Procedure:

Insurance Policy: Qualifications:

Operating Procedures: Training Records

Risk Assessments (including fire):

Declaration: *(Must be completed by the applicant)*

I am aware of the provisions of The Animal Welfare (Licensing 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: _____ Capacity: _____

Signature: _____ Date: _____

Once completed please send the form, fee and relevant attachments to the following:

Public Health & Protection Services
Chelmsford City Council
Civic Centre
Duke Street
Chelmsford
Essex, CM1 1JE

Email: safe.support@chelmsford.gov.uk

Telephone: 01245 606606