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

**Part 2**

**Application for a licence to provide or arrange for the provision of boarding for cats or dogs**

Please complete all the questions in the form. The fields will expand as you type.

If you have nothing to record, please state "Not applicable" or "None"

| **1a** | **Type of Application** \* **✓** as appropriate | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | Commercial Boarding Cats\* |  | Commercial Boarding Dogs\* | |  | Day Care\* | | | |  | Home Boarding\* | | | |  |
| 1.2 | Type of Application | | | New | | | |  | Renewal | | |  | |  | |
| 1.3 | Existing licence number (if applicable under previous licensing legislation) | | |  | | | | | | | | | | | |
| **1b** | **Animals to be accommodated** | | | | | | | | | | | | | | |
| 1.4 | Cats | | | **Yes/No** | | | Maximum number | | | | | |  | | |
| 1.5 | Dogs | | | **Yes/No** | | | Maximum number | | | | | |  | | |

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| **2** | **Premises to be licensed** | |
| 2.1 | Name of premises/trading name |  |
| 2.2 | Address of premises |  |
| 2.3 | Telephone number of premises |  |
| 2.4 | Email address |  |
| 2.5 | Do you have planning permission for this business use. | **Yes/No** |

| **3** | **Accommodation and facilities** | |
| --- | --- | --- |
| 3.1 | Details of the quarters used to accommodate animals, including number, size and type of construction |  |
| 3.2. | Exercise facilities and arrangements |  |
| 3.3 | Heating arrangements: |  |
| 3.4 | Method of ventilation of premises |  |
| 3.5 | Lighting arrangements (natural & artificial) |  |
| 3.6 | Water supply |  |
| 3.7 | Facilities for food storage & preparation |  |
| 3.8 | Arrangements for disposal of excreta, bedding and other waste material |  |
| 3.9 | Isolation facilities for the control of infectious diseases |  |
| 3.10 | Fire precautions/equipment and arrangements in the case of fire |  |
| 3.11 | Do you keep and maintain a register of animals? | **Yes/No** |
| 3.12 | How do you propose to minimise animal stress from noise? |  |

| **4** | **Veterinary surgeon for the business** | |
| --- | --- | --- |
| 4.1 | Name of usual veterinary surgeon |  |
| 4.2 | Company name |  |
| 4.3 | Address |  |
| 4.4 | Telephone number |  |
| 4.5 | Email address |  |

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| --- | --- | --- | --- |
| **5a** | **Emergency key holder** | | |
| 5.1 | Do you have an emergency key holder? | **Yes/No** If no go to 6 | |
| 5.2 | Name |  | |
| 5.3 | Position/job title |  | |
| 5.4 | Address |  | |
| 5.5 | Daytime telephone number |  | |
| 5.6 | Evening/other telephone number |  | |
| 5.7 | Email address |  | |
| 5.8 | Add another person? | **Yes/No** | **If no, go to 6.1** |
| **5b** | **Emergency key holder 2** | | |
| 5.8 | Name |  | |
| 5.9 | Position/job title |  | |
| 5.10 | Address |  | |
| 5.11 | Daytime telephone number |  | |
| 5.12 | Evening/other telephone number |  | |
| 5.13 | Email address |  | |

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| **6** | **Public liability insurance** | | |
| 6.1 | Do you have public liability insurance? | **Yes/No** | **If no, go to 6.7** |
| 6.2 | Please provide details of the policy |  | |
| 6.3 | Insurance company |  | |
| 6.4 | Policy number |  | |
| 6.5 | Period of cover |  | |
| 6.6 | Amount of cover (£) |  | |
| 6.7 | Please state what steps you are taking to obtain such insurance |  | |

| **7** | **Disqualifications and convictions** | | |
| --- | --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | |
| 7.1 | Keeping a pet shop? | | **Yes/No** |
| 7.2 | Keeping a dog? | | **Yes/No** |
| 7.3 | Keeping an animal boarding establishment? | | **Yes/No** |
| 7.4 | Keeping a riding establishment? | | **Yes/No** |
| 7.5 | Having custody of animals? | | **Yes/No** |
| 7.6 | 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** |
| 7.7 | 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** |
| 7.8 | If yes to any of these questions, please provide details, |  | |

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| --- | --- | --- | --- |
| **8** | **Accreditation** | | |
| 8.1 | Is your business certified by a UKAS accredited Body? | **Yes/No** |  |
| 8.2 | Please provide details of the accreditation including  date when the accreditation commenced,  standard achieved  last inspection date. |  | |

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| --- | --- | --- | --- |
| **9** | **Business marketing** | | |
| 9.1 | Do you advertise your business? | **Yes/No** |  |
| 9.2 | Please provide details where you advertise your business activities.  e.g. website, websites used, Apps used, newspapers, publication advertising |  | |

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| **Declaration:** I confirm that the information provided in Part 2 of the application form is correct. |
| **Applicant Signature:** |

**Please now complete the appropriate Part 2 form for any other licensing activity you are applying for, or go on to the final form - Part 3**