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

**Part 2**

**Application for a licence to keep or train animals for exhibition**

Please complete all the questions in the form. The field will expand when you type.

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

|  |  |  |
| --- | --- | --- |
| **1** | **Type of business/performance (please tick)** | |
| 1.1 | TV/Film/Social Media |  |
| 1.2 | Theatre |  |
| 1.3 | Circus using domestic animals |  |
| 1.4 | Exhibiting Animals |  |
| 1.5 | Animal Encounters |  |
| 1.6 | Birds of Prey shows/exhibits |  |
| 1.7 | Other please state |  |

| **2a** | **Application Details** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 2.1 | Have you been registered/licenced before | Yes |  | No |  | **If no, go to 2.3** |
| 2.2 | Local Authority where registered/licenced |  | | | | |
| 2.3 | Give details of registration e.g. type and numbers of animals, type of performance or exhibition. |  | | | | |
| **2b** | **Further information about the applicant** | | | | | |
| 2.3 | Stage name used (if any) |  | | | | |
| 2.4 | Nationality and Date of Birth |  | | | | |

|  |  |  |
| --- | --- | --- |
| **3** | **Animals to be trained** | |
| 3.1 | Name of premises/trading name |  |
| 3.2 | Address of premises |  |
| 3.3 | Telephone number of premises |  |
| 3.4 | Email address |  |

| **4a** | **Kinds of animal to be trained and the number of each kind** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 4.1 | Kind of animal | Common Name | | Scientific Name | | |
|  |  |  | |  | | |
| 4.2 | Number |  | | | | |
| 4.3 | Add another kind of Animal? | **Yes/No** | **If no, go to 5.1** | | | |
| **4b** | **Kinds of animal to be trained and the number of each kind** | | | | | |
| 4.4 | Kind of animal | Common Name | | | Scientific Name | |
|  |  |  | | |  | |
| 4.5 | Number |  | | | | |
| 4.6 | Add another kind of Animal? | **Yes/No** | **If no, go to 5.1** | | | |
|  |  |  |  | | | |
| **4c** | **Kinds of animal to be trained and the number of each kind** | | | | | |
| 4.7 | Kind of animal | Common Name | | | | Scientific Name |
| 4.8 | Number |  | | | | |
| 4.9 | If you intend to train further kinds of animals please attach a separate list of these animals and the numbers of each. | | | | | |

| **5a** | **Kinds of animal to be exhibited/Encounter and the number of each kind** | | |
| --- | --- | --- | --- |
| 5.1 | Kind of animal | Common Name Scientific Name | |
|  |  |  | |
| 5.2 | Number |  | |
| 5.3 | Add another kind of Animal? | **Yes/No** | **If no, go to 6.1** |
| **5b** | **Kinds of animal to be exhibited/Encounter and the number of each kind** | | |
| 5.4 | Kind of animal | Common Name Scientific Name | |
|  |  |  | |
| 5.5. | Number |  | |
| 5.6 | Add another kind of Animal? | **Yes/No** | **If no, go to 6.1** |
| **5c** | **Kinds of animal to be exhibited/Encounter and the number of each kind** | | |
| 5.7 | Kind of animal | Common Name Scientific Name | |
|  |  |  | |
| 5.8. | Number |  | |
| 5.9 | If you intend to exhibit further kinds of animals please attach a separate list of these animals and the numbers of each. | | |

| **6** | **Proposed Performance or Encounter** | |
| --- | --- | --- |
| 6.1 | Describe the nature of the performance (s) in which the animals will be exhibited or for which they are to be trained, mentioning any apparatus which is used for the purpose of the performance. The description must be sufficient to give a general idea of what is done by the animals taking part.in the performance.  If it is an animal encounter please give details of what type of encounter and where these are to take place. |  |
| 6.2. | Approximate duration of the performance (s) |  |
| 6.3 | Number of times the performance will be given in one day. |  |
| 6.4 | How will the animals be transported |  |
| 6.5 | Where are the animals to be kept when not performing or being exhibited? |  |

| **7** | **Veterinary surgeon for the activity / business** | |
| --- | --- | --- |
| 7.1 | Name of usual veterinary surgeon |  |
| 7.2 | Company name |  |
| 7.3 | Address |  |
| 7.4 | Telephone number |  |
| 7.5 | Email address |  |

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| --- | --- | --- | --- |
| **8a** | **Emergency key holder** | | |
| 8.1 | Do you have an emergency key holder? | **Yes / No** | **If no, go to 9.1** |
| 8.2 | Name |  | |
| 8.3 | Position/job title |  | |
| 8.4 | Address |  | |
| 8.5 | Daytime telephone number |  | |
| 8.6 | Evening/other telephone number |  | |
| 8.7 | Email address |  | |
| 8.8 | Add another person? | **Yes / No** | **If no, go to 9.1** |
| **8b** | **Emergency key holder 2** | | |
| 8.9 | Name |  | |
| 8.10 | Position/job title |  | |
| 8.11 | Address |  | |
| 8.12 | Daytime telephone number |  | |
| 8.13 | Evening/other telephone number |  | |
| 8.14 | Email address |  | |

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| --- | --- | --- | --- |
| **9** | **Public liability insurance** | | |
| 9.1 | Do you have public liability insurance? | **Yes / No** | **If no, go to 9.7** |
| 9.2 | Please provide details of the policy |  | |
| 9.3 | Insurance company |  | |
| 9.4 | Policy number |  | |
| 9.4 | Period of cover |  | |
| 9.6 | Amount of cover (£) |  | |
| 9.7 | Please state what steps you are taking to obtain such insurance |  | |

| **10** | **Disqualifications and convictions** | | |
| --- | --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | |
| 10.1 | Keeping a pet shop? | | **Yes/No** |
| 10.2 | Keeping a dog? | | **Yes/No** |
| 10.3 | Keeping an animal boarding establishment? | | **Yes/No** |
| 10.4 | Keeping a riding establishment? | | **Yes/No** |
| 10.5 | Having custody of animals? | | **Yes/No** |
| 10.6 | 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** |
| 10.7 | 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** |
| 10.8 | If yes to any of these questions, please provide details, |  | |

| **11** | **Additional details** | |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required | |
| 11.1 | Additional information which is required or may be relevant to the application |  |

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| --- | --- | --- | --- |
| **12** | **Accreditation** | | |
| 12.1 | Is your business certified by a UKAS accredited Body? | **Yes/No** |  |
| 12.2 | Please provide details of the accreditation including  date when the accreditation commenced,  standard achieved  last inspection date. |  | |
| **13** | **Business / Activity marketing** | | |
| 13.1 | Do you advertise your business? | **Yes/No** |  |
| 13.2 | 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**