

Official use only:

Date received

Payment received

Case Ref:



## APPLICATION FOR A LICENCE TO OPERATE A DOG BREEDING ESTABLISHMENT THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) REGULATIONS 2018

Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'. Before completing the form you may wish to refer to the application guidance notes for new applications which can be found on the Councils web site.

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

### Section 1 – Standard Applicant Profile Section

#### 1 Agent

1.1	Are you an agent acting on behalf of the applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If not go to section 2
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#### 1b Further information about the Agent

1.2	Name	
1.3	Address	
1.4	Email	
1.5	Contact telephone number(s)	

#### 2 Applicant details (this will be the named licence holder on the licence)

2.1	Name	
2.2	Address	
2.3	Email	
2.4	Contact telephone number(s)	

#### 3 Applicant Business (a licence will only be issued to an individual)

3.1	Is your company registered with companies house	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no go to 3.3
3.2	Registration Number					
3.3	Is your business registered outside the UK					
3.4	VAT Number					
3.5	Legal status of the business					
3.6	Your position in the business					
3.7	The country where your head office is located.					

<b>3b</b>	<b>Business Address – This should be your official address – The address required of you by law to receive all communication</b>
3.8	

## Section 2 – Application Details

<b>1</b>	<b>Type of Application</b>					
1.1	Type of Application	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	If new, go to 1.3
1.2	Existing licence number					
<b>1a</b>	<b>Animals to be accommodated</b>					
1.3	Wholly Indoors		Wholly outdoors		Combination of outdoors and indoors	
1.4	Breeds of dogs concerned					
1.5	Number of bitches kept					
1.6	Owned by the applicant		Co owned by the applicant		On breeding terms	
1.7	Provide details of the ages of bitches kept.					
1.8	Number of studs kept					
1.9	Owned by the applicant		Co owned by the applicant		On breeding terms	
1.10	Provide details of the ages of the studs kept					
<b>1b</b>	<b>Further information about the applicant</b>					
1.11	Date of birth					

<b>2</b>	<b>Premises to be licensed</b>	
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 <input type="checkbox"/> No <input type="checkbox"/>

<b>3</b>	<b>Accommodation and facilities (continue on a separate sheet if necessary)</b>	
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)	

<b>3 Accommodation and facilities</b> (continue on a separate sheet if necessary)		
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 <input type="checkbox"/> No <input type="checkbox"/>
3.12	How do you propose to minimise disturbance from noise?	

<b>4 Veterinary surgeon</b>		
4.1	Name of usual veterinary surgeon	
4.2	Company name	
4.3	Address	
4.4	Telephone number	
4.5	Email address	

<b>5 Emergency key holder</b>		
5.1	Do you have an emergency key holder?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to 7.1
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, 6.2 to 6.8 will be repeated

<b>6 Public liability insurance</b>		
6.1	Do you have public liability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to question 7.6
If yes, please provide details of the policy		
6.2	Insurance company	
6.3	Policy number	
6.4	Period of cover	
6.5	Amount of cover (£m)	
6.6	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 <input type="checkbox"/>	No <input type="checkbox"/>
7.2	Keeping a dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3	Keeping an animal boarding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.4	Keeping a riding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.5	Having custody of animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
7.8	If yes to any of these questions, please provide details,		

**9 Additional details**

Additional information which may be relevant to the application

## Section 3 – Declaration Section

### 1 Model Licence Conditions & Guidance

All applicants to tick that they have read the applicable model licence conditions & guidance

1.1	Dog Breeding	<input type="checkbox"/>
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### 2 Additional Information

Please attach the following Information

2.1	A plan of the premises	<input type="checkbox"/>
2.3	Insurance policy	<input type="checkbox"/>
2.4	Operating procedures	<input type="checkbox"/>
2.5	Risk Assessments (including Fire)	<input type="checkbox"/>
2.6	Infection control procedure	<input type="checkbox"/>
2.7	Qualifications	<input type="checkbox"/>
2.8	Training records	<input type="checkbox"/>

### 3 Declaration

3.1	<b>This section must be completed by the applicant.</b> <b>If you are an agent please ensure this section is completed by the applicant.</b>	
3.2	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.	
3.3	Ticking this box indicates you have read and understood the above declaration	<input type="checkbox"/>
3.4	Full Name	
3.5	Capacity	
3.6	Date	

## Section 4 – Payment Details

### Freedom of information


The Freedom of Information Act gives people the right to obtain information held by public authorities unless there are good reasons to keep it confidential. Please be aware that information supplied on this form may be released in response to a freedom of information request. To comply with financial regulations, details of license holders may also be disclosed to authorise Government agencies.


### London Borough of Sutton applicants:


The completed application should be sent to:-  
**London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton SM1 1EA.**

Alternatively you can send a scanned PDF copy of your application to [licensing@sutton.gov.uk](mailto:licensing@sutton.gov.uk)

#### The following Payment Options are available:

 **Online:** Debit and Credit Card payments can be made using our online payment facility at [https://www.sutton.gov.uk/info/200466/pay\\_for\\_it](https://www.sutton.gov.uk/info/200466/pay_for_it)

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8770 5000, selecting options 5 then 2

 **Post:** Cheques or postal orders should be made payable to 'Sutton Council'

**Please note any statutory consultation periods will not commence until payment has been made and we have received your application form. It is your responsibility to contact us if you experience a problem in paying for your application.**


### Royal Borough of Kingston upon Thames applicants:

The completed application should be sent to:-  
**Royal Borough of Kingston upon Thames, Licensing Team, Guildhall 2, High Street, Kingston, KT1 1EU.**

Alternatively you can send a scanned PDF copy of your application to [licensing@kingston.gov.uk](mailto:licensing@kingston.gov.uk)

#### The following Payment Options are available:

 **Post:** Cheques or postal orders should be made payable to 'Kingston Council'

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8547 5080

**If you wish to pay in this way, give clear telephone contact details on the top of the application form or in a covering letter. Please note any statutory consultation periods will not commence until payment has been made. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.**