

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

Application for a Licence to Operate an Animal Boarding Establishment

Applicant details

1.1	Name of applicant - Mr / Mrs / Miss / Ms / Other	
	Date Of Birth//	
1.2	Address of applicant:	
1.3	Contact telephone number:	Mobile:
1.4	Email address:	
2	Premises to be Licensed	
2.1	Name of Premises / Business Name:	
2.2	Address of Premises:	
2.3		
2.3	Telephone number of premises:	
2.4	Telephone number of premises: Email address:	
	Email address:	YES / NO If yes, what is the planning ref

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

3	Type of Application		
3.1	Kennels	Home Boarding	
-		9	
	Cattery	Day Care	
	,	, -	

4	Type of Application		
4.1	New	Renewal	
4.2	Licence number if renewal:		

5	Animals to be accommodated			
5.1	Cats	Yes / No	Maximum number	
	Dogs	Yes / No	Maximum number	

6	Accommodation and facilities	
6.1	Animal accommodation details,	
	including: Number of units,	
	Size,	
	Type of construction (for catteries	
	include details of sneeze barriers),	
	Heating arrangements,	
	Ventilation details.	
	Lighting arrangements (natural &	
	artificial)	
	Sleeping arrangements	
	Sieeping arrangements	
6.2	Exercise facilities and arrangements	
6.3	Water supply details (private or public,	
	hot and cold supply)	
	not and sold supply)	
6.4	Facilities for food storage & preparation	
0.1	racilities for food storage & preparation	
6.5	Arrangements for disposal of excreta,	
	bedding and other waste material	
	(domestic or trade)	
	(45.115645 51 4 ddo)	
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6.6	Details of isolation facilities for the	
	control of infectious diseases	
6.7	Fire precautions/equipment and	
	arrangements in the case of fire. Please	
	provide	
6.8	Do you keep and maintain a register of	
	animals?	
6.9	How do you propose to minimise	
	disturbance from noise?	
6.10	Number of staff employed. Please	
	provide written training policy for all	
	staff.	
7	Veterinary surgeon Name of usual veterinary surgeon	
1 / 1	I Name of Usual Veterinary Surgeon	
7.2	Company name	
7.2	Company name	
7.2	Company name Address	
7.2 7.3 7.4	Company name Address Telephone number	
7.2	Company name Address	
7.2 7.3 7.4 7.5	Company name Address Telephone number Email address	
7.2 7.3 7.4 7.5	Company name Address Telephone number Email address Emergency key holder	Vac / Na
7.2 7.3 7.4 7.5 8 8.1	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder?	Yes / No
7.2 7.3 7.4 7.5 8 8.1 8.2	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name	Yes / No
7.2 7.3 7.4 7.5 8 8.1 8.2 8.3	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title	Yes / No
7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address	Yes / No
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7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4 8.5	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number	Yes / No
7.2 7.3 7.4 7.5 8.1 8.2 8.3 8.4 8.5 8.6 8.7	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address	Yes / No
7.2 7.3 7.4 7.5 8.1 8.2 8.3 8.4 8.5 8.6 8.7	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance	
7.2 7.3 7.4 7.5 8.1 8.2 8.3 8.4 8.5 8.6 8.7	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address	Yes / No Yes/No If yes, please provide details of the policy and send a copy in with your application form
7.2 7.3 7.4 7.5 8.1 8.2 8.3 8.4 8.5 8.6 8.7	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance	Yes/No If yes, please provide details of the policy and send a
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7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4 8.5 8.6 8.7 9 9.1	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance Do you have public liability insurance? Insurance company	Yes/No If yes, please provide details of the policy and send a
7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4 8.5 8.6 8.7 9 9.1 9.2 9.3 9.4	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance Do you have public liability insurance? Insurance company Policy number Period of cover	Yes/No If yes, please provide details of the policy and send a
7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4 8.5 8.6 8.7 9 9.1 9.2 9.3 9.4 9.5	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance Do you have public liability insurance? Insurance company Policy number Period of cover Amount of cover (£m)	Yes/No If yes, please provide details of the policy and send a
7.2 7.3 7.4 7.5 8 8.1 8.2 8.3 8.4 8.5 8.6 8.7 9 9.1 9.2 9.3 9.4	Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder? Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Public liability insurance Do you have public liability insurance? Insurance company Policy number Period of cover	Yes/No If yes, please provide details of the policy and send a

10	Disqualifications and convictions		
	Has the applicant, or any person who will have control or management of the disqualified from:	e establishment, ever been	
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 informati	on which may be required	
11.1	Additional information which is required or may be relevant to the application:	Copy provided with application	
	Written staff training policy	Yes / No	
	Written procedures for:		
	Feeding regimes	Yes / No	
	Cleaning regimes	Yes /No	
	Transportation	Yes / No	
	Prevention and control of spread of disease	Yes / No	
	Death or escape of an animal	Yes / No	
	Plan of the premise	Yes / No	
	Documented policy for dealing with emergencies, including extremes of temperature and weather condition both hot and cold.	Yes / No	
	A written emergency plan to protect people and animals in case of fire or in case of breakdown for essential heating, ventilation and other emergencies.	Yes / No	
	Electrical testing certificate for all electrical installations	Yes / No	
	Documented policy for introduction of new dogs to existing group.	Yes / No	

12	Mansfield District Council Online Register		
	The Council has an online register so members of the public can search for licensed Home Boarders / Doggie Day Care / Kennels & Catteries in the	Trading Name	Yes / No
	Mansfield Area. Do you agree to have your details published on the register? This would include the name of your business with telephone	Telephone Number	Yes / No
	numbers and email address only, no home address is shown.	Email Address	Yes / No

Standard declaration and signature section

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Payment Details. I will make the payment of

*£237.00 - Home Boarding

*£289.00 - Kennels/Cattery

*£271.00 - Doggy Day Care/Dog Crèches

*£1.17 - Hard copy of application form

Declaration

I am aware of the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. I am not currently disqualified from keeping a pet shop or keeping animals. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Signature(s):	Date:	

Please return this form to the Licensing Department Mansfield District Council, Civic Centre, Chesterfield Road South, Mansfield, Nottinghamshire. NG19 7BH.

Privacy Notice

We will use the information provided by you for assessing your application. The basis under which the Council uses personal data for this purpose is a Legal Obligation.

The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at www.mansfield.gov.uk/Privacy

The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection Officer (DPO) can be found on the Council's detailed privacy notice which can be found at www.mansfield.gov.uk/Privacy on the Council's website or requesting a copy by writing to

The Data Protection Officer
Mansfield District Council
Chesterfield Road South
Mansfield
Nottinghamshire

NG19 7BH.

^{*} Please delete as appropriate.