APPLICATION FOR A LICENCE TO KEEP AN ANIMAL BOARDING ESTABLISHMENT

Animal Boarding Establishments Act 1963

North Lincolnshire Council is under a duty to protect the public funds it administers and to prevent and detect crime, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud or crime. It may also share this information with other bodies administering public funds solely for these purposes.

Title:		Forename(s):	
Surname:			
Address:			
Post Code:		Tel No:	
Name of boarding establishment:			
Address of boarding establishment :			
Post Code:		Tel No:	

Please give the following information about the accommodation which the animals will occupy:

Construction:	
Size of quarters:	
Number of Kennels/Pens:	
Exercising facilities:	
Heating arrangements:	
Method of ventilation:	

Lighting arrangements:	
Water supply:	
Arrangements for food storage:	
Arrangements for disposal of excreta:	
Description of isolation facilities for the control of infectious disease:	

Name of usual veterinary surgeon:			
Address:			
Post Code:		Tel No:	

Are you disqualified from:

Keeping an animal boarding establishment	Yes	No
Keeping a Pet Shop	Yes	No
Keeping a dog	Yes	No
Having the custody of animals	Yes	No

I agree to permit a person authorised by the council to inspect the premises before any licence is granted.

I apply for a licence to keep an animal boarding establishment from [date of issue/1 January 20. .]*

*[Delete as appropriate. A licence may run either from the date of issue or from 1 January next and remains valid for the remainder of the year in which it is issued]

I certify that to the best of my knowledge and belief that the above particulars are true.

I hereby authorise the details of the aforementioned business, including; the name of licence holder; business name; address; contact telephone number; and licence expiry details being published on a Public register which will be made available on North Lincolnshire Council's website.

Applicant Signature:		Date:	

FOR OFFICE USE ONLY

Cost Centre	NEL001	Fee	£
Income Code	9002	Receipt No	