

Part B – Application for a licence to sell animals as pets

This application form for a licensed activity accompanies Part A – Application for an Animal Activity Licence. Please ensure you have supplied both forms or your application may be rejected.

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.

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

1 Type of Business

- | | | |
|-----|---|--------------------------|
| 1.1 | Pet Shop | <input type="checkbox"/> |
| 1.2 | Home Sales | <input type="checkbox"/> |
| 1.3 | Internet Sales | <input type="checkbox"/> |
| 1.4 | Wholesales | <input type="checkbox"/> |
| 1.5 | Third Party Sales | <input type="checkbox"/> |
| 1.6 | Hobby Sales | <input type="checkbox"/> |
| 1.7 | Sale of animals to the public as pets by means of a fixed or minimum donation | <input type="checkbox"/> |
| 1.8 | Other (please state) | <input type="text"/> |

2 Type of Application

- | | | | | | | |
|-----|-------------------------|----------------------|--------------------------|---------|--------------------------|-------------------|
| 2.1 | Type of Application | New | <input type="checkbox"/> | Renewal | <input type="checkbox"/> | If new, go to 2.3 |
| 2.2 | Existing licence number | <input type="text"/> | | | | |

2b Further details about the applicant

- | | | | |
|-----|--|----------------------|-------------------------|
| 2.3 | Do you have any training certificates or qualifications? | Yes / No | If no, go to 2.5 |
| 2.4 | Please provide details of training certificates and qualifications | <input type="text"/> | |
| 2.5 | Please provide details of relevant experience | <input type="text"/> | |
| 2.6 | Date of birth | <input type="text"/> | |

3 Premises to be licensed

- | | | |
|-----|--|----------------------|
| 3.1 | Name of premises/trading name | <input type="text"/> |
| 3.2 | Address of premises | <input type="text"/> |
| 3.3 | Telephone number of premises | <input type="text"/> |
| 3.4 | Email address | <input type="text"/> |
| 3.5 | Do you have planning permission for this business use? | Yes / No |

4 Accommodation and facilities

- | | | |
|-----|-------------------------------------|----------------------|
| 4.1 | Number and size of rooms to be used | <input type="text"/> |
| 4.2 | Heating arrangements | <input type="text"/> |

4.3	Method of ventilation of premises	
4.4	Lighting arrangements (natural & artificial)	
4.5	Water supply	
4.6	Facilities for food storage & preparation	
4.7	Arrangements for disposal of excreta, bedding and other waste material	
4.8	Isolation facilities for the control of infectious diseases	
4.9	Fire precautions/equipment and arrangements in the case of fire	
4.10	Do you keep and maintain a register of animals?	Yes / No
4.11	When the premises is closed what arrangements are in place to ensure the welfare of animals?	

5 Animals to be sold					
Please provide details of the animals to be sold					
	Type	Yes / No	Maximum Number	Details of accommodation including size	Age at which to be sold
5.1	Dogs / puppies	Yes / No			
5.2	Cats / kittens	Yes / No			
5.3	Chipmunks	Yes / No			
5.4	Rabbits & cavies	Yes / No			
5.5	Hamsters	Yes / No			
5.6	Rats, mice & gerbils	Yes / No			
5.7	Larger domesticated mammals, e.g. goats, pot-bellied pigs	Yes / No			
5.8	Primates e.g. marmosets	Yes / No			
5.9	Parrots, parakeets and macaws	Yes / No			
5.10	Pigeons	Yes / No			
5.11	Other large birds (please specify)	Yes / No			
5.12	Budgerigars, finches and other small birds	Yes / No			
5.13	Tortoises	Yes / No			
5.14	Snakes and lizards	Yes / No			
5.15	Tropical fish	Yes / No			
5.16	Marine fish	Yes / No			
5.17	Cold water fish	Yes / No			
5.18	Any other species (please specify)	Yes / No			

6 Veterinary surgeon

6.1 Name of usual veterinary surgeon

6.2 Company name

6.3 Address

6.4 Telephone number

6.5 Email address

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**

8.3 Name

8.4 Position/job title

8.5 Address

8.6 Daytime telephone number

8.7 Evening/other telephone number

8.8 Email address

9 Disqualifications and convictions

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:

9.1 Keeping a pet shop?

Yes / No

9.2 Keeping a dog?

Yes / No

9.3 Keeping an animal boarding establishment?

Yes / No

9.4 Keeping a riding establishment?

Yes / No

9.5 Having custody of animals?

Yes / No

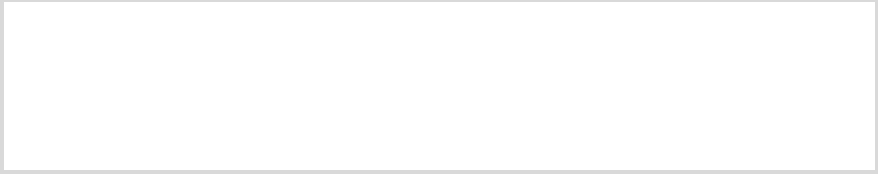
9.6 Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under the Animal Welfare Act 2006?

Yes / No

9.7 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

9.8 If yes to any of these questions, please provide details,



10 Additional details

Please check local guidance notes and conditions for any additional information which may be required

10. Additional information which is required or may be relevant to the application

