

The Animal Welfare (Licensing of Activities Involving Animals)
(England) Regulations 2018
Application to vary an Animal Activity Licence

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"

General Information

2a Agent

2.1 Are you an agent acting on behalf of the applicant? Yes No **If no, go to 3.1**

2b Further information about the Agent

2.2 Name

2.3 Address

2.4 Email

2.5 Main telephone number

2.6 Other telephone number

3 Applicant details

3.1 Name

3.2 Address

3.3 Email

3.4 Main telephone number

3.5 Other telephone number

3.6 Are you applying as a business or organisation, including a sole trader? Yes No

3.7 Are you applying as an individual? Yes No

4a Applicant Business details

4.1 Is your company registered with Companies House? Yes No **If no, go to 4.3**

4.2 Companies House Registration No.

4.3 Is your business registered outside the UK?

4.4 VAT Number

4.5 Legal status of the business

4.6 Your position in the business

4.7 The country where your head office is located.

5 Do you intend to carry out any new licensable activities? Tick all that apply
Details of changes to existing activities should be completed in the previous space

- | | | | |
|-----|-------------------------------|--------------------------|-----------------------------------|
| 5.1 | Pet Vending | <input type="checkbox"/> | Attach and complete Part B |
| 5.2 | Animal Boarding / Day Care | <input type="checkbox"/> | Attach and complete Part C |
| 5.3 | Performing Animals | <input type="checkbox"/> | Attach and complete Part D |
| 5.4 | Riding Establishments | <input type="checkbox"/> | Attach and complete Part E |
| 5.5 | The Breeding and Sale of Dogs | <input type="checkbox"/> | Attach and complete Part F |

7 Additional Information

Please attach the following information as necessary, and sign the following declaration:

- | | | |
|-------------------------------------|--------------------------|---|
| A plan of the premises | <input type="checkbox"/> | <i>Include measurements</i> |
| Insurance policy | <input type="checkbox"/> | <i>Where applicable (Riding Est. & Performing Animals)</i> |
| Details of procedures: | | |
| Daily operating procedures | <input type="checkbox"/> | <i>These should include cleaning, feeding, exercise, disposal of waste, and monitoring of animals in care</i> |
| Transport | <input type="checkbox"/> | |
| Extreme weather – hot and cold | <input type="checkbox"/> | |
| Infection control | <input type="checkbox"/> | |
| Medication administration & records | <input type="checkbox"/> | |
| Emergency procedures | <input type="checkbox"/> | <i>Emergencies include, but are not limited to, fire; flood; the premises rendered or declared uninhabitable; or in the event the licence is revoked or suspended</i> |
| Animal death procedure | <input type="checkbox"/> | |
| Animal escape procedure | <input type="checkbox"/> | |
| Qualifications | <input type="checkbox"/> | |
| Training records | <input type="checkbox"/> | |
| Bitch records | <input type="checkbox"/> | <i>Where applicable (Dog Breeding)</i> |
| Puppy records | <input type="checkbox"/> | <i>Where applicable (Dog Breeding)</i> |
| Stud records | <input type="checkbox"/> | <i>Where applicable (Dog Breeding)</i> |

7.1 I hereby confirm that I can meet the criteria needed to obtain a licence and that should any matters be omitted that it will impact on my application. I confirm that I have read the model licence conditions and guidance for the activities I wish to carry out. I understand it is my responsibility to make sure that all information is complete and correct.

7.2 Signature

7.3 Name

7.4 Date

8 Declaration

*This section must be completed by the applicant
If you are an agent please ensure this section is completed by the applicant.*

I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application forms and any attached documentation are correct to the best of my knowledge and belief.

8.1 I agree to permit an officer, veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises before any licence is granted.

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.

8.2 Signing this box indicates you have read and understood the above declaration

8.3 Full Name

8.4 Capacity

8.5 Date