

**The Animal Welfare (Licensing of Activities Involving Animals) Regulations 2018
Application for a licence to operate a dog breeding
establishment**

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

2	Type of Application				
2.1	Type of Application	New		Renewal	
2.2	Existing licence number				
2a	Animals to be accommodated				
2.3	Wholly indoors		Wholly outdoors		Combination of outdoors and indoors
2.4	Breeds of dogs concerned				
2.5	Number of bitches kept				
2.6	Owned by the applicant		Co owned by the applicant		On breeding terms
2.7	Provide details of the ages of bitches kept.				
2.8	Number of studs kept				
2.9	Owned by the applicant		Co owned by the applicant		On breeding terms
2.10	Provide details of the ages of the studs kept				
2b	Further information about the applicant				
2.11	Date of birth				

3	Premises to be licensed	
3.1	Name of premises/trading name	
3.2	Address of premises	
3.3	Telephone number of premises	
3.4	Email address	
3.5	Do you have planning permission for this business use.	Yes/No

4	Accommodation and facilities	
4.1	Details of the quarters used to accommodate animals, including number, size and type of construction	
4.2.	Exercise facilities and arrangements	
4.3	Heating arrangements:	
4.4	Method of ventilation of premises	
4.5	Lighting arrangements (natural & artificial)	
4.6	Water supply	
4.7	Facilities for food storage & preparation	

4 Accommodation and facilities			
4.8	Arrangements for disposal of excreta, bedding and other waste material		
4.9	Isolation facilities for the control of infectious diseases		
4.10	Fire precautions/equipment and arrangements in the case of fire		
4.11	Do you keep and maintain a register of animals?	Yes/No	
4.12	How do you propose to minimise disturbance from noise?		

5 Veterinary surgeon			
5.1	Name of usual veterinary surgeon		
5.2	Company name		
5.3	Address		
5.4	Telephone number		
5.5	Email address		

6 Emergency key holder			
6.1	Do you have an emergency key holder?	Yes / No	If no, go to 7.1
6.2	Name		
6.3	Position/job title		
6.4	Address		
6.5	Daytime telephone number		
6.6	Evening/other telephone number		
6.7	Email address		

7 Public liability insurance			
7.1	Do you have public liability insurance?	Yes / No	If no, go to question 7.6
	If yes, please provide details of the policy		
7.2	Insurance company		
7.3	Policy number		
7.4	Period of cover		
7.5	Amount of cover (£m)		
7.6	Please state what steps you are taking to obtain such insurance		

8	Disqualifications and convictions		
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:		
8.1	Keeping a pet shop?	Yes/No	
8.2	Keeping a dog?	Yes / No	
8.3	Keeping an animal boarding establishment?	Yes/No	
8.4	Keeping a riding establishment?	Yes/No	
8.5	Having custody of animals?	Yes/No	
8.6	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	
8.7	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	
8.8	If yes to any of these questions, please provide details,		

9	Additional details		
	Please check local guidance notes and conditions for any additional information which may be required		
9.1	Additional information which is required or may be relevant to the application		

10	Standard declaration and signature section		
10.1	Payment		
	Payment must be made at the time of making the application		

10.2	Model Licence Conditions & Guidance		
	All applicants to tick that they have read the applicable model licence conditions & guidance		
	Pet Vending		
	Animal Boarding		
	Performing Animals		
	Riding Establishments		
	The Breeding and Sale of Dogs		

10.3	Additional Information		
	Please attach the following Information		
	A plan of the premises		
	Insurance policy		
	Operating procedures		
	Risk Assessments (including Fire)		

10.3	Additional Information	
	Infection control procedure	
	Qualifications	
	Training records	

10.4	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 form and any attached documentation are correct to the best of my knowledge and belief.		
	Ticking this box indicates you have read and understood the above declaration		
	Full Name		
	Capacity		
	Signature		
	Date		