

Reference number

3.8

## **Woking Borough Council**

Civic Offices, Gloucester Square, Woking, Surrey, GU21 6YL

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

#### Keeping or training animals for exhibition

# Standard applicant profile payment and declaration

1.1	System reference number			
1.2	Your reference			
	Please comple  If you have nothing to reco			None"
2	Agent			
2.1	Are you an agent acting on behalf of the applicant?	Yes	No	If no, go to 3.
2b	Further information about the agen	t		
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	Date of birth			
3.4	Email			
3.5	Main telephone number			
3.6	Other telephone number			
3.7	Applying as a business or organisation, including a sole trader	Yes	No	
3.8	Applying as an individual	Yes	No	

Yes

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	
4b	<b>Business address</b> (This should be you receive all communication.)	our official address. The address required of you by law to
4.8	Building name or number	
4.9	Street	
4.10	District	
4.11	City or town	
4.12	County or administrative area	
4.13	Post code	
4.14	Country	
5	Payment	
5.1	Payment must be made at the time of	
5.2		an officer will contact you in order to take payment of the
		pay the application fee by calling the office on <b>01483 743 664</b> .
	All payments can be made via debit or	r credit card.
C	Model license conditions and avide	
6	Model licence conditions and guida  All applicants to tick that they have rea	ad the applicable model licence conditions and guidance
6.1	Pet vending	ad the applicable model heerice conditions and guidance
6.2	Animal boarding	
6.3		
	Performing animals	
6.4	Riding establishments	

Yes

No

**Applicant business** 

Registration number

4.1

4.2

6.5

The breeding and sale of dogs

Is your company registered with companies house?

If no, go to 4.3.

7	Additional information	
	To confirm that you have the following or indicate you have attached.	information available, to be checked at the time of inspection
7.1	A plan of the premises	
7.2	Insurance policy	
7.3	Operating procedures	
7.4	Risk assessments (including fire)	
7.5	Infection control procedure	
7.6	Qualifications / training policy	
7.7	Client booking / registration / consent forms	
8.1		applicant. If you are an agent please ensure this section is
8.2		evant Act and model licence conditions. The details contained ad documentation are correct to the best of my knowledge and
8.3	Ticking this box indicates you have read and understood the above declaration	
8.4	Full name	
8.5	Capacity	
8.6	Date	
9	Standard declaration and signature	section
	Sign:	Date:



## **Woking Borough Council**

Civic Offices, Gloucester Square, Woking, Surrey, GU21 6YL

# The Animal Welfare (Licensing of Activities Involving Animals) Regulations 2018 Licence application for keeping or training animals for exhibition

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

1	Type of business / performance (please	tiok)					
1.1		lick)					
1.2	TV / film / social media						
	Theatre						
1.3	Circus using domestic animals						
1.4	Exhibiting animals						
1.5	Animal encounters						
1.6	Birds of prey shows / exhibits						
1.7	Other, please state						
2	Application details			1	1		
2.1	Have you been registered / licenced before?	Yes		No		If no, go to 2b.	
2.2	Local authority where registered / licenced						
2.3	Give details of registration eg type and numbers of animals, type of performance or exhibition						
2b	Further information about the applicant						•
2.3	Stage name (if any)						
2.4	Nationality						
2.5	Date of birth						
3	Animals to be trained						
3.1	Name of premises / trading name						
3.2	Address of premises						
3.3	Telephone number of premises						
3.4	Email address						
							<b>.</b>
<b>4</b> 4.1	Kinds of animal to be trained and the nu	ımber of each k	ind				
4.1	Kind of animal Number						
4.2.	Add another kind of animal?	Yes / No		If yes reneat 4.1	l to 4	2. See last page.	
1.0	Aud another kind of attitudes	100 / 110		,00, 10pout 4.		500 last page.	
5	Kinds of animal to be exhibited/Encoun	ter and the num	ber	of each kind			
5.1	Kind of animal						
5.2.	Number						
5.3	Add another kind of animal?	Yes / No		If yes, repeat 5.1	l to 5.	2. See last page.	
_							

	B 1 1				
<b>6</b>	Proposed performance or encounter				
0.1	Describe the nature of the performance(s) in which the animals will be exhibited or				
	for which they are to be trained,				
	mentioning any apparatus which is used				
	for the purpose of the performance. The				
	description must be sufficient to give a				
	general idea of what is done by the				
	animals taking part in the performance.				
	If it is an animal encounter, please give				
	details of what type of encounter and				
	where these are to take place.				
6.2.	Approximate duration of the performance(s)				
6.3	Number of times the performance will be				
	given in one day				
6.4	How will the animals be transported?				
6.6	Where are the animals to be kept when				
	not performing or being exhibited?				
_	I Water to a supplier to the s				
7	Veterinary surgeon				
7.1	Name of usual veterinary surgeon				
7.2	Company name				
7.3	Address				
7.4	Telephone number				
7.5	Email address				
					_
8	Emergency key holder	.,	/ NI		
8.1	Do you have an emergency key holder?	Yes	/ No	If no, go to 9.1.	
8.1 8.2	Do you have an emergency key holder?  Name	Yes	/ No	If no, go to 9.1.	
8.1 8.2 8.3	Do you have an emergency key holder?	Yes	/ No	If no, go to 9.1.	
8.1 8.2	Do you have an emergency key holder?  Name	Yes	/ No	If no, go to 9.1.	
8.1 8.2 8.3	Do you have an emergency key holder?  Name  Position / job title	Yes	/ No	If no, go to 9.1.	
8.1 8.2 8.3 8.4	Do you have an emergency key holder?  Name  Position / job title  Address	Yes	/ No	If no, go to 9.1.	
8.1 8.2 8.3 8.4 8.5	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number	Yes	/ No	If no, go to 9.1.	
8.1 8.2 8.3 8.4 8.5 8.6	Do you have an emergency key holder?  Name Position / job title Address Daytime telephone number Evening / other telephone number		/ No / No	If no, go to 9.1.  If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?			If yes, 8.2 to 8.8 will be repeated. See	
8.1 8.2 8.3 8.4 8.5 8.6 8.7	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address		/ No	If yes, 8.2 to 8.8 will be repeated. See	
8.1 8.2 8.3 8.4 8.5 8.6 8.7	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?			If yes, 8.2 to 8.8 will be repeated. See	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Do you have an emergency key holder?  Name Position / job title Address Daytime telephone number Evening / other telephone number Email address Add another person?  Public liability insurance		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?  Public liability insurance  Do you have public liability insurance?		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Do you have an emergency key holder?  Name Position / job title Address Daytime telephone number Evening / other telephone number Email address Add another person?  Public liability insurance Do you have public liability insurance? If yes, please provide details of the policy		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?  Public liability insurance  Do you have public liability insurance?  If yes, please provide details of the policy Insurance company		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?  Public liability insurance  Do you have public liability insurance?  If yes, please provide details of the policy Insurance company  Policy number  Period of cover  Amount of cover (£m)		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	
8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 9 9.1 9.2 9.3 9.4	Do you have an emergency key holder?  Name  Position / job title  Address  Daytime telephone number  Evening / other telephone number  Email address  Add another person?  Public liability insurance  Do you have public liability insurance?  If yes, please provide details of the policy Insurance company  Policy number  Period of cover		/ No	If yes, 8.2 to 8.8 will be repeated. See last page.	

10	Disqualifications and convictions				
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:				
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 information which may be required				
11.1	Additional information which is required or may be relevant to the application				

4	Kinds of animal to be trained and the n	number of each k	ind		
4.1	Kind of animal				
4.2.	Number				
4.3	Add another kind of animal?	Yes / No	If yes, repeat 4.1 to 4.2.		
4	Kinds of animal to be trained and the n	umber of each k	ind		
4.1	Kind of animal				
4.2.	Number				
4.3	Add another kind of animal?	Yes / No	If yes, repeat 4.1 to 4.2.		
4	Kinds of animal to be trained and the n	umber of each k	ind		
4.1	Kind of animal				
4.2.	Number				
4.3	Add another kind of animal?	Yes / No	If yes, repeat 4.1 to 4.2.		
4	Kinds of animal to be trained and the n	umber of each k	ind		
4.1	Kind of animal				
4.2.	Number				
4.3	Add another kind of animal?	Yes / No	If yes, repeat 4.1 to 4.2.		
-					
<b>5</b> 5.1	Kinds of animal to be exhibited / encou	inter and the nur	mber of each kind		
5.2.	Number				
5.3	Add another kind of animal?	Yes / No	If yes, repeat 5.1 to 5.2.		
5	Kinds of animal to be exhibited / encou		• •		
5.1	Kinds of animal to be exhibited / encou	inter and the nur	inder of each kind		
5.2.	Number				
5.3	Add another kind of animal?	Yes / No	If yes, repeat 5.1 to 5.2.		
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5.1	Kind of animal				
5.2.	Number				
5.3	Add another kind of animal?	Yes / No	If yes, repeat 5.1 to 5.2.		
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5.1	Kind of animal				
5.2.	Number				
5.3	Add another kind of animal?	Yes/No	If yes, repeat 5.1 to 5.2.		
8	Emergency key holder	No. (No.	W		
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 yes, 8.2 to 8.8 will be repeated.		
9	Standard declaration and signature	section			
J	Standard decidration and signature	30000011			
	Sign:	Da	te:		

Download this application form, complete and send it to: Environmental Health, Woking Borough Council, Civic Offices, Gloucester Square, Woking GU21 6YL.