

## Tonbridge & Malling Borough Council

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

#### Application to register for the exhibition/encounters or training of performing animals

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

<b>Agent:</b>			
Are you an agent acting on behalf of the applicant	Yes	No	If no, go to applicant details section
<b>Further information about the Agent:</b>			
Name			
Address			
Email			
Main telephone number			
Other telephone number			

<b>Applicant details:</b>			
Name			
Address			
Email			
Main telephone number			
Other telephone number			
Applying as a business or organisation (including a sole trader)	Yes	No	
Applying as an individual	Yes	No	
Date of birth			

<b>Type of business/performance (please tick)</b>	
TV/Film/Social Media	
Theatre	
Circus using domestic animals	
Exhibiting Animals	
Animal Encounters	
Birds of Prey shows/exhibits	
Other please state	

<b>Application Details:</b>				
Have you been registered before	yes		No	
Local Authority where registered/licenced				
Give details of registration e.g. type and numbers of animals, type of performance or exhibition.				
Stage name (if any)				
Nationality				
Date of birth				

<b>Animals to be trained:</b>	
Name of premises/trading name	
Address of premises	
Telephone number of premises	
Email address	

<b>Kinds of animal to be trained and the number of each kind:</b>	
Kind of animal	
Number	
Kind of animal	
Number	
Kind of animal	
Number	
Kind of animal	

<b>Kinds of animal to be exhibited/encounter and the number of each kind:</b>	
Kind of animal	
Number	
Kind of animal	
Number	
Kind of animal	
Number	
Kind of animal	
Number	

<b>Proposed Performance or Encounter:</b>	
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.	
Approximate duration of the performance (s)	
Number of times the performance will be given in one day.	
How will the animals be transported	
Where are the animals to be kept when not performing or being exhibited.	

<b>Veterinary surgeon:</b>	
Name of usual veterinary surgeon	
Company name	
Address	

<b>Veterinary surgeon:</b>	
Telephone number	
Email address	

<b>Emergency key holder:</b>		
Do you have an emergency key holder?	Yes/No	<b>If Yes please fill out details below:</b>
Name of key holder		
Position/job title		
Address		
Daytime telephone number		
Evening/other telephone number		
Email address		

<b>Public liability insurance:</b>	
Do you have public liability insurance?	Yes / No
If yes, please provide details of the policy	
Insurance company	
Policy number	
Period of cover	
Amount of cover (£m)	
If you have answered no please state what steps you are taking to obtain such insurance	

**Disqualifications and convictions:**

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

Keeping a pet shop?	Yes/No	
Keeping a dog?	Yes / No	
Keeping an animal boarding establishment?	Yes/No	
Keeping a riding establishment?	Yes/No	
Having custody of animals?	Yes/No	
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	
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	

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

**Additional details:**

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

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

**Declarations and signature:**

All answers given on this form are true.

I authorise the Council to make enquiries of any person's etc. named on this form.

We must protect the public funds we handle and so we may use the information you have provided on this form to detect and prevent fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.

**Full name:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please enclose the following:**

1. Plan of premises
2. Insurance policy
3. Operating procedures
4. Risk Assessment (including fire)
5. Infection control procedure
6. Qualifications
7. Training records

Failure to supply this information at the time of submitting this application may delay the inspection taken place.