

Tonbridge & Malling Borough Council

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

Application for a licence to operate a dog breeding establishment

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

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

Applicant details:			
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			

Type of Application:					
Type of Application	New		Renewal		
Existing licence number					
Animals to be accommodated:					
Wholly Indoors		Wholly outdoors		Combination of outdoors and indoors	
Breeds of dogs concerned					
Number of bitches kept					
Owned by the applicant		Co-owned by the applicant		On breeding terms	
Provide details of the ages of bitches kept.					
Number of studs kept					
Owned by the applicant		Co- owned by the applicant		On breeding terms	
Provide details of the ages of the studs kept					

Premises to be licensed:	
Name of premises/trading name	
Address of premises	
Telephone number of premises	
Email address	
Do you have planning permission for this business use	Yes/No

Accommodation and facilities:		
Details of the quarters used to accommodate animals, including number, size and type of construction		
Exercise facilities and arrangements		
Heating arrangements		
Method of ventilation of premises		
Lighting arrangements (natural & artificial)		
Water supply		
Facilities for food storage & preparation		
Arrangements for disposal of excreta, bedding and other waste material		
Isolation facilities for the control of infectious diseases		
Fire precautions/equipment and arrangements in the case of fire		
Do you keep and maintain a register of animals?	Yes/No	
How do you propose to minimise disturbance from noise?		

Veterinary surgeon:	
Name of usual veterinary surgeon	
Company name	
Address	

Veterinary surgeon:	
Telephone number	
Email address	

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

Public liability insurance:	
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.