



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

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Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

## Section 1 Reference Numbers

System Reference Number

Your Reference

## Section 2 Agent Details

2.1 Are you an agent acting on behalf of the applicant Yes  No  If No go to 3

2.2 Mr  Mrs  Miss  Ms  Other

2.3 Forenames

Surname

2.4 Address

Post Code

2.5 Email

2.6 Main telephone No

2.7 Other Numbers

## Section 3 Applicant Details

3.1 Mr  Mrs  Miss  Ms  Other

3.2 Forenames

Surname

3.3 Address

Post Code

3.4 Email

3.5 Main telephone No

2.6 Other Numbers

Date of Birth

2.7 Applying as a business or organisation including a sole trader Yes  No

2.8 Applying as an individual

Yes  No

## Section 4 Applicant Business

4.1 Is your company registered with companies house Yes  No  If No go to 4.3

4.2 Registration Number

4.3 Is your business registered outside the UK

Yes

No

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.

Business Address - this should be your official address - the address required of you by law to receive all communication

4.8 Building Name or Number

4.9 Street

4.10 City or Town

4.11 County

4.13 Post Code

Country

## Application for a licence to operate a riding establishment

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

### 1. Type of Application

Grant	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Existing licence number	<input style="width: 90%;" type="text"/>
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### 2. Establishment to be Licensed

Name of Premises or Trading Name	<input style="width: 100%;" type="text"/>			
Address of Premises	<input style="width: 100%;" type="text"/>			
Telephone number of Premises	<input style="width: 100%;" type="text"/>			
Email address	<input style="width: 100%;" type="text"/>			
Is the establishment open throughout the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not open throughout the year, when is it normally open	<input style="width: 100%;" type="text"/>			
Do you have planning permission for this business use	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### 3. Accommodation and facilities

Please describe the accommodation available for horses: Please ✓ each that apply

a. Stalls	<input type="checkbox"/>	Number	<input style="width: 90%;" type="text"/>
b. Boxes	<input type="checkbox"/>	Number	<input style="width: 90%;" type="text"/>
c. Covered Yard	<input type="checkbox"/>	Please give dimensions	<input style="width: 100%;" type="text"/>
d. Open Yard	<input type="checkbox"/>	Please give dimensions	<input style="width: 100%;" type="text"/>

Please describe the land available for horses: Please ✓ each that apply

Description which would include acreage

Grazing	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Instructing or Demonstrating	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Exercise	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>

Please describe the storage accommodation available for

Forage & Bedding	<input style="width: 95%;" type="text"/>
Equipment and Saddlery	<input style="width: 95%;" type="text"/>

Please describe the arrangements in place for:

Water Supply and watering horses

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Disposal of Animal Waste

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Fire Precautions

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Protection of Horses in the event of a fire

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## 5. Management of the Establishment

Name of person with direct control of the establishment

Address

Contact Telephone number

Does the Manger have any of the following certificates ✓ all that apply

Assistant Instructor's Certificate of the British Horse Society

Intermediate Instructor's Certificate of the British Horse Society

Instructor's Certificate of the British Horse Society

Fellowship of the British Horse Society

Fellowship of the Institute of the Horse

None of the above

Please give details of the manager's experience in the management of horses

Does a responsible person live at the establishment?

Yes

No

What are the arrangements in the event of an emergency?

Will a person who is under 18 years of age be left in charge of the establishment at any time

Yes

No

Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?

Yes

No

## 6. Veterinary Surgeon

Name of usual veterinary surgeon

Company name

Address

Telephone number

Email address

### 7. Public Liability Insurance

Do you have public liability insurance?

Yes

No

**If No please give details below \***

If yes, please provide details of the policy

Insurance company

Policy number

Period of cover

Amount of cover (£m)

**\*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:

Keeping a pet shop?

Keeping a dog?

Keeping an animal boarding establishment?

No

Keeping a riding establishment?

No

Having custody of animals

No

Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under the Animal

No

Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled?

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

### 1. Standard payment and declaration section

#### 2. Model Licence Conditions & Guidance

All applicants to tick that they have read the applicable model licence conditions & guidance

Pet Vending	<input type="checkbox"/>	Animal Boarding	<input type="checkbox"/>
Performing Animals	<input type="checkbox"/>	Riding Establishments	<input type="checkbox"/>
The Breeding and Sale of Dogs	<input type="checkbox"/>		

#### 3. Additional Information

Please attach the following Information	Please ✓
A plan of the premises	<input type="checkbox"/>
Insurance policy	<input type="checkbox"/>
Operating procedures	<input type="checkbox"/>
Risk Assessments (including Fire)	<input type="checkbox"/>
Infection control procedure	<input type="checkbox"/>
Qualifications	<input type="checkbox"/>
Training records	<input type="checkbox"/>

#### 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	<input type="text"/>
Capacity	<input type="text"/>
Date	<input type="text"/>