



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

Licensing, Town Hall, Feethams, Darlington. DL1 5QT

Telephone: 01325 405888 Fax: (01325) 405983

Web site: <http://www.darlington.gov.uk>

Email: licensing@darlington.gov.uk

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

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 to register for the exhibition of, encounters or training of performing animals

Please complete all the questions in the form.

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

1. Type of Business or Performance	Please ✓
a. TV/Film/Social Media	<input type="checkbox"/>
b. Theatre	<input type="checkbox"/>
c. Circus using domestic animals	<input type="checkbox"/>
d. Exhibiting Animals	<input type="checkbox"/>
e. Animal Encounters (Therapy, Education)	<input type="checkbox"/>
f. Birds of Prey shows/exhibits	<input type="checkbox"/>
g. Other please state	<input type="text"/>

2. Application Details	
Have you been registered before	Yes <input type="checkbox"/> No <input type="checkbox"/> If No go to 3
Local Authority where registered	<input type="text"/>
Give details of registration e.g type and numbers of animals, type of performance or exhibition.	
<input type="text"/>	
Stage Name (if any)	<input type="text"/>
Nationality	<input type="text"/>
Date of Birth	<input type="text"/>

3. Animals to be Trained	
Name of Premises or Trading Name	<input type="text"/>
Address of Premises	<input type="text"/>
Telephone number of Premises	<input type="text"/>
Email address	<input type="text"/>

4. Kinds of animals to be trained and number of each kind

Kind of Animals	
Number of Animals	

5. Kinds of Animals to be Exhibited/Encounter and the number of each kind

Kind of Animal	
Number of Animals	

6. Proposed Performance or Encounter

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 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?	

7. Veterinary Surgeon

Name of usual veterinary surgeon	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

8. Emergency Key Holder

Do you have an emergency key holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No go to 9
Name	<input type="text"/>		
Position/job title	<input type="text"/>		
Address	<input type="text"/>		
Daytime telephone number	<input type="text"/>		
Other telephone number	<input type="text"/>		
Email address	<input type="text"/>		
Add another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please complete the additional key holder form

9. Public Liability Insurance

Do you have public liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No please give details below *		
If yes, please provide details of the policy		
Insurance company	<input type="text"/>	
Policy number	<input type="text"/>	
Period of cover	<input type="text"/>	
Amount of cover (£m)	<input type="text"/>	

***Please state what steps you are taking to obtain such insurance**

<input type="text"/>

10. 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

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"/>