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

**Application/Renewal for a licence to hire out horses**

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

**Premises to be licensed**

|  |  |  |
| --- | --- | --- |
| **1** | **Premises to be licensed** | |
| 1.1 | Name of premises/trading name |  |
| 1.2 | Address of premises | «FULLADDR» |
| 1.3 | Telephone number of premises |  |
| 1.4 | Email address |  |
| 1.5 | Is the establishment open throughout the year? | **Yes/No** |
| 1.6 | When is it normally open? |  |
| 1.7 | Do you have planning permission for this business use. | **Yes/No** |

**Applicant profile section**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1a** | **Agent** | | | | | |
| 1.1 | Are you an agent acting on behalf of the applicant | Yes |  | No |  | **If no, go to 2** |
| **1b** | **Further information about the Agent** | | | | | |
| 1.2 | Name |  | | | | |
| 1.3 | Address |  | | | | |
| 1.4 | Email |  | | | | |
| 1.5 | Main telephone number |  | | | | |
| 1.6 | Other telephone number |  | | | | |

| **2** | **Applicant details** | |
| --- | --- | --- |
| 2.1 | Name |  |
| 2.2 | Address |  |
| 2.3 | Email |  |
| 2.4 | Main telephone number |  |
| 2.5 | Other telephone number |  |

| **3** | **Applicant Business** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 3.1 | Is your company registered with companies house | Yes |  | No |  | **If no, go to 3.3** |
| 3.2 | Registration Number |  | | | | |
| 3.3 | Is your business registered outside the UK |  | | | | |
| 3.4 | VAT Number |  | | | | |
| 3.5 | Legal status of the business ie sole trader, limited company, partnership |  | | | | |
| 3.6 | Your position in the business |  | | | | |
| 3.7 | The country where your head office is located. |  | | | | |
| **3b** | **Business Address – This should be your official address – The address required of you by law to receive all communication** | | | | | |
| 3.8 | Building name or number |  | | | | |
| 3.9 | Street |  | | | | |
| 3.10 | District |  | | | | |
| 3.11 | City or Town |  | | | | |
| 3.12 | County |  | | | | |
| 3.13 | Post Code |  | | | | |

**Application Details Section**

| **1** | **Type of Application** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1.1 | Type of Application | New |  | Renewal |  |  |

|  |  |  |
| --- | --- | --- |
| **2** | **Accommodation and facilities** | |
|  | **Please describe the accommodation available for horses: If a renewal and there are no changes go to the next section** | |
| 2.1 | Stalls (please give the number) |  |
| 2.2 | Boxes (please give the number) |  |
| 2.3 | Covered yard (please give dimensions) |  |
| 2.4 | Open yard (please give dimensions) |  |
|  | **Please describe the land available for:** | |
| 2.5 | Grazing |  |
| 2.6 | Instructing or demonstrating |  |
| 2.7 | Exercise |  |
|  | **Please describe the accommodation available for:** | |
| 2.8 | Forage and bedding |  |
| 2.9 | Equipment and saddlery |  |
|  | **Please describe the arrangements in place for:** | |
| 2.10 | Water supply and watering horses |  |
| 2.11 | Disposal of animal waste |  |
| 2.12 | Protection of horses in event of a fire, and fire precautions |  |

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| --- | --- | --- |
| **3** | **Horses** | |
| 3.1 | How many horses are kept under the terms of the Act at the present time? |  |
| 3.2 | How many horses is it intended to keep under the terms of the Act during the year? |  |

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| --- | --- | --- |
| **4** | **Management of the establishment** | |
| 4.1 | Name & Address of the manager/person with direct control of the establishment |  |
| 4.2 | Does the manager have any of the following certificates? (tick 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 |  |
| 4.3 | Please give details of the manager’s experience in the management of horses |  |
| 4.4 | Does a responsible person live at the establishment? | **Yes/No** |
| 4.5 | What are the arrangements in the event of an emergency? |  |
| 4.6 | Will a person who is under 18 years of age be left in charge of the establishment at any time? | **Yes/No** |
| 4.7 | 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** |

| **5** | **Veterinary surgeon** | |
| --- | --- | --- |
| 5.1 | Name of usual veterinary surgeon |  |
| 5.2 | Company name |  |
| 5.3 | Address |  |
| 5.4 | Telephone number |  |
| 5.5 | Email address |  |

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| **6** | **Public liability insurance** | | | | |
| 6.1 | Do you have public liability insurance? | **Yes/No** | **If no, go to 6.10** | | |
| 6.2 | Please provide details of the policy |  | | | |
| 6.3 | Insurance company |  | | | |
| 6.4 | Policy number |  | | | |
| 6.5 | Period of cover |  | | | |
| 6.6 | Amount of cover (£) |  | | | |
|  | **Does this policy:** | | | | |
| 6.7 | Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment? | | | **Yes/No** | **If yes to all, go to 7** |
| 6.8 | Insure against liability arising out of such hire or use of a horse? | | | **Yes/No** |
| 6.9 | Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use? | | | **Yes/No** |
| 6.10 | Please state what steps you are taking to obtain such insurance |  | | | |

| **7** | **Disqualifications and convictions** | | |
| --- | --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | |
| 7.1 | Keeping a pet shop? | | **Yes/No** |
| 7.2 | Keeping a dog? | | **Yes/No** |
| 7.3 | Keeping an animal boarding establishment? | | **Yes/No** |
| 7.4 | Keeping a riding establishment? | | **Yes/No** |
| 7.5 | Having custody of animals? | | **Yes/No** |
| 7.6 | 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** |
| 7.7 | 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** |
| 7.8 | If yes to any of these questions Please provide details, |  | |

| **8** | **Additional details** | |
| --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required | |
| 8.1 | Additional information which is required or may be relevant to the application |  |

**Declaration Section**

| **1** | **Model Licence Conditions & Guidance** | |
| --- | --- | --- |
|  | All applicants to tick that they have read the applicable model licence conditions & guidance | |
| 1.1 | Hiring out of horses |  |

| **2** | **Additional Information** | |
| --- | --- | --- |
|  | Please attach the following Information | |
| 2.1 | A plan of the premises |  |
| 2.2 | Public Liability Insurance policy |  |
| 2.3 | Qualifications |  |

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| --- | --- | --- |
| **3** | **Declaration** | |
| 3.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. | |
| 3.2 | 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. | |
| 3.3 | Signing this box indicates you have read and understood the above declaration |  |
| 3.4 | Full Name |  |
| 3.5 | Capacity |  |
| 3.6 | Date |  |

**Fees**

|  |  |  |
| --- | --- | --- |
| **1** | **Payment of Fee** | |
| 1.1 | You are able to pay the fee for this licence by cheque posted to our office or by credit/debit card over the telephone or via BACS payment. We cannot proceed with a licence until the payment has been received. A list of up to date fees is available on our website. | |
| 1.2 | Payment by telephone call 0300 1234 000 and select Option 7 (All other enquiries), please have your credit/debit card details ready.   * For premises in Babergh DC **please quote code B4103/H9140**, * For premises within Mid Suffolk DC **quote code M4103/H9140** * You will be given a payment reference number. * You must write that number on this form in the space below at question 1.5. | |
| 1.3 | Payment by cheque   * For premises within Babergh District Council please make your cheque payable to Babergh District Council * For premises within Mid Suffolk District Council please make your cheque payable to Mid Suffolk District Council | |
| 1.4 | You can now pay via our website using the following link <https://www.babergh.gov.uk/business/licensing/boarding-for-cats-and-dogs/> this can be used regardless of the activity you are applying for. | |
| 1.5 | Please complete one of the boxes below | |
| 1.6 | I have paid by telephone | Insert reference number and amount paid |
| 1.7 | I enclose a cheque for |  |
| 1.8 | I have paid online | Payment Receipt Reference: |

**Completed Application Forms**

|  |  |
| --- | --- |
| **1** | **Completed Application Forms** |
| 1.1 | Completed application forms and the relevant documentation asked for in this application can be emailed to [foodsafety@baberghmidsuffolk.gov.uk](mailto:foodsafety@baberghmidsuffolk.gov.uk) or sent by post to Babergh and Mid Suffolk District Councils, Endeavour House, 8 Russell Road, Ipswich, IP1 2BX |

**Public Register**

We publish a register of our animal licences on our website. This information includes the type of licence and the licenced address.

**Data Protection**

Babergh District Council and Mid Suffolk District Council (BMSDC) will be Data Controller of the information you are providing. That means BMSDC will be responsible for looking after it as required by the Data Protection Act 2018. They will only use the information for the purpose explained on a form. As required by the Data Protection Act 2018 the information will be kept safe, secure, processed and only shared for those purposes or where it is allowed by law. For more information on how we do this and your rights in regards to your personal information and how to access it, visit our website page [How we use your information](http://www.babergh.gov.uk/the-council/your-right-to-information/privacy-policy/), or call customer services on 0300 1234000 and ask to speak to the Data Protection Officer.