



Northumberland

County Council

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

Application for a licence to operate a dog day care/crèche 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						
1.1	Type of Application	New		Renewal		If new go to section 1.3
1.2	Existing licence number					
Animals to be accommodated						
1.3	Maximum Number of Dogs					
2. Agent						
2.1	Are you an agent acting on behalf of the applicant? (Put "no" if you are applying on your own behalf or on behalf of a business you own or work for).	Yes		No		If yes go to section 2.2 If no go to section 3
Further information about the Agent						
2.2	Name					
2.3	Address					
2.4	Email					
2.5	Main telephone number					
2.6	Other telephone number					
3. Applicant Type						
3.1	Applying as an individual	Yes		No		If yes go to section 4
3.2	Applying as a business or organisation, including a sole trader	Yes		No		If yes go to section 5

4. Applicant Details - Individual	
4.1	Name
4.2	Address
4.3	Email
4.4	Main telephone number
4.5	Other telephone number
4.6	Date of birth

5. Applicant - Business						
5.1	Is your company registered with companies house?	Yes		No		If no go to section 5.3
5.2	Registration Number					
5.3	Is your business registered outside the UK					
5.4	VAT Number					
5.5	Legal status of the business					
5.6	Contact Name					
5.7	Your position in the business					
5.8	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						
5.9	Building name or number					
5.10	Street					
5.11	District					
5.12	City or Town					

5.13	County or administrative area	
5.14	Post Code	
5.15	Country	

6. Premises to be licensed					
6.1	Name of premises/trading name				
6.2	Address of premises				
6.3	Telephone number of premises				
6.4	Email address				
6.5	Do you have planning permission for this business use?	Yes		No	

7. Accommodation and facilities	
7.1	Details of the quarters used to accommodate animals, including number, size and type of construction
7.2	Exercise facilities and arrangements
7.3	Heating arrangements:
7.4	Method of ventilation of premises
7.5	Lighting arrangements (natural & artificial)

7.6	Water supply					
7.7	Facilities for food storage & preparation					
7.8	Arrangements for disposal of excreta, bedding and other waste material					
7.9	Isolation facilities for the control of infectious diseases					
7.10	Fire precautions/equipment and arrangements in the case of fire					
7.11	Do you keep and maintain a register of animals?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No				
7.12	How do you propose to minimise disturbance from noise?					

8. Veterinary surgeon	
8.1	Name of usual veterinary surgeon
8.2	Company name
8.3	Address
8.4	Telephone number
8.5	Email address

9. Emergency key holder						
9.1	Do you have an emergency key holder?	Yes		No		If no go to section 10
9.2	Name					
9.3	Position/job title					
9.4	Address					
9.5	Daytime telephone number					
9.6	Evening/other telephone number					
9.7	Email address					
9.8	Add another person?	Yes		No		If yes complete Annex 1

10. Public liability insurance						
10.1	Do you have public liability insurance?	Yes		No		If no go to section 10.6
	If yes, please provide details of the policy					
10.2	Insurance company					
10.3	Policy number					
10.4	Period of cover					
10.5	Amount of cover (£m)					
10.6	Please state what steps you are taking to obtain such insurance					

11. Disqualifications and convictions						
11.1	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		

11.2	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	
11.3	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	
11.4	If yes to any of these questions, please provide details,				

12. Additional details	
Please check local guidance notes and conditions for any additional information which may be required	
12.1	Additional information which is required or may be relevant to the application

13. Payment						
13.1	<p>Payment must be made at the time of making the application.</p> <p>The fees are as follows:</p> <p>£317.00 First licence fee for existing licence holders for the first application under the new 2018 legislation</p> <p>£225.00 Renewal application</p> <p>£250.00 New application</p> <p>£ 75.00 Re-inspection fee</p> <p>£ 80.00 Additional host licence fee</p> <p>£229.00 Additional licensing activity fee</p> <p>Payment can be made by telephone in advance of the submission of the application. Please ensure that the person named on the card is present at the time of the telephone call. The reference number, amount paid and date of payment will need to be provided with the application. To make an appointment or make a payment by telephone, please ring 01670 620443.</p>					
13.2	<table border="1"> <tr> <td>Payment Made</td> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Payment Made	Yes		No	
Payment Made	Yes		No			
13.3	<p>Veterinary Fee</p> <p>The Licensing Authority reserves the right to appoint a veterinary inspection from one of our appointed vets should they deem this necessary. Vet fees will be invoiced to the applicant once the inspection is complete. The applicant(s) is required to pay the veterinary fee in full before the grant of the licence.</p>					

14. Model Licence Conditions & Guidance	
All applicants to tick that they have read the applicable model licence conditions & guidance	
14.1	Animal Boarding

15. Additional Information	
Please attach the following Information	
15.1	A plan of the premises
15.2	Insurance policy
15.3	Operating procedures
15.4	Risk Assessments (including Fire)
15.5	Infection control procedure
15.6	Qualifications
15.7	Training records

16. Declaration	
16.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.
16.2	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.
16.3	I am aware that I will be liable for any and all veterinary charges in association with this application.
16.4	Ticking this box indicates you have read and understood the above declaration
16.5	Signed
16.6	Full Name
16.7	Capacity
16.8	Date

Additional emergency key holder	
Name	
Position/job title	
Address	
Daytime telephone number	
Evening/other telephone number	

Name	
Position/job title	
Address	
Daytime telephone number	
Evening/other telephone number	

Name	
Position/job title	
Address	
Daytime telephone number	
Evening/other telephone number	