



Northumberland County Council

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

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 | | | | | | |
|------------------------|-------------------------|-----|--|---------|--|------------------------|
| 1.1 | Type of Application | New | | Renewal | | If new go to section 2 |
| 1.2 | Existing licence number | | | | | |

| 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. Establishment to be licensed | | | | |
|--|--|-----|--|----|
| 6.1 | Name of premises/trading name | | | |
| 6.2 | Address of premises | | | |
| 6.3 | Telephone number | | | |
| 6.4 | Email address | | | |
| 6.5 | Is the establishment open throughout the year? | Yes | | No |
| 6.6 | When is it normally open? | | | |
| 6.7 | Do you have planning permission for this business use? | Yes | | No |

| 7. Accommodation and facilities | |
|--|---------------------------------------|
| Please describe the accommodation available for horses: | |
| 7.1 | Stalls (please give the number) |
| 7.2 | Boxes (please give the number) |
| 7.3 | Covered yard (please give dimensions) |
| 7.4 | Open yard (please give dimensions) |
| Please describe the land available for: | |
| 7.5 | Grazing |
| 7.6 | Instructing or demonstrating |
| 7.7 | Exercise |
| Please describe the accommodation available for: | |
| 7.8 | Forage and bedding |
| 7.9 | Equipment and saddlery |

| Please describe the arrangements in place for: | | |
|--|---|--|
| 7.10 | Water supply and watering horses | |
| 7.11 | Disposal of animal waste | |
| 7.12 | Protection of horses in event of a fire, and fire precautions | |

| 8. Horses | | |
|-----------|---|--|
| 8.1 | How many horses are kept under the terms of the Act at the present time? | |
| 8.2 | How many horses is it intended to keep under the terms of the Act during the year? | |
| 8.3 | Please provide details of all the horses currently kept on the attached form Annex 1 | |

| 9. Management of the establishment | | | | | |
|------------------------------------|--|-----|--|----|--|
| 9.1 | Name & Address of the manager/person with direct control of the establishment | | | | |
| 9.2 | 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 | | | | |
| 9.3 | Please give details of the manager's experience in the management of horses | | | | |
| 9.4 | Does a responsible person live at the establishment? | Yes | | No | |

| | | | | | | |
|-----|---|-----|--|----|--|--|
| 9.5 | What are the arrangements in the event of an emergency? | | | | | |
| 9.6 | Will a person who is under 16 years of age be left in charge of the establishment at any time? | Yes | | No | | If yes please provide more information below |
| | | | | | | |
| 9.7 | 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 | | |

| 10. Veterinary surgeon | |
|-------------------------------|----------------------------------|
| 10.1 | Name of usual veterinary surgeon |
| 10.2 | Company name |
| 10.3 | Address |
| 10.4 | Telephone number |
| 10.5 | Email address |

| 11. Public liability insurance | | | | | | |
|---------------------------------------|---|-----|--|----|--|--|
| 11.1 | Do you have public liability insurance? | Yes | | No | | If no go to section 10.9 If yes, please provide details of the policy below |
| 11.2 | Insurance company | | | | | |
| 11.3 | Policy number | | | | | |
| 11.4 | Period of cover | | | | | |
| 11.5 | Amount of cover (£m) | | | | | |

| Does this policy: | | | | | | |
|-------------------|--|-----|--|----|--|---------------------------------|
| 11.6 | 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 section 11 |
| 11.7 | Insure against liability arising out of such hire or use of a horse? | Yes | | No | | |
| 11.8 | 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 | | |
| 11.9 | Please state what steps you are taking to obtain such insurance | | | | | |

| 12. Disqualifications and convictions | | | | | | |
|---------------------------------------|--|-----|--|----|--|--|
| 12.1 | 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 | | |
| 12.2 | 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 | | |
| 12.3 | 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 | | |
| 12.4 | If yes to any of these questions Please provide details | | | | | |

| 13. 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 |

| 14. Payment | | | | | | |
|--------------------|--|--------------|-----|--|----|--|
| 14.1 | <p>Payment must be made at the time of making the application.</p> <p>The fees are as follows:</p> <p>£250.00 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 a payment by telephone, please ring 01670 620443.</p> | | | | | |
| 14.2 | <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 | | | |
| 14.3 | <p>Veterinary Fee</p> <p>All applications require a veterinary inspection from one of our appointed vets, 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> | | | | | |

| 15. Model Licence Conditions & Guidance | |
|---|-----------------------|
| All applicants to tick that they have read the applicable model licence conditions & guidance | |
| 15.1 | Riding Establishments |

| 16. Additional Information | | |
|---|-----------------------------------|--|
| Please attach the following Information | | |
| 16.1 | A plan of the premises | |
| 16.2 | Insurance policy | |
| 16.3 | Operating procedures | |
| 16.4 | Risk Assessments (including Fire) | |
| 16.5 | Infection control procedure | |
| 16.6 | Qualifications | |
| 16.7 | Training records | |

| 17. Declaration | | |
|------------------------|---|--|
| 17.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. | |
| 17.2 | 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. | |
| 17.3 | I am aware that I will be liable for any and all veterinary charges in association with this application. | |
| 17.4 | Ticking this box indicates you have read and understood the above declaration | |
| 17.5 | Signed | |
| 17.6 | Full Name | |
| 17.7 | Capacity | |
| 17.8 | Date | |

| Please provide details of all the horses currently kept | | | | | | |
|---|----------------------------|-----|-------------------|-----------------------|---------------------------------|---|
| Name of Horse | Description including size | Sex | Age/Year of Birth | Horse passport Number | Purpose for which horse is kept | Age range of people who ride this horse |
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Please continue on a separate sheet if necessary