

**THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) (ENGLAND) REGULATIONS 2018 LICENCE APPLICATION FOR:**

**KEEPING OR TRAINING ANIMALS FOR EXHBITION**

***Please complete all sections with as much information as possible. Any omissions or errors may delay the processing of your application.***

## LICENCE DETAILS

New Application  Renewal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TV/ Film /Social Media |  | Theatre |  | Circus (domestic animal) |  |
| Exhibiting Animals |  | Animal Encounters |  | Bird of Prey Show/Exhibit |  |

1. **DETAILS OF APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Operator  (must be an individual) |  | DOB |  |
| Home Address |  | | |
| Telephone |  | | |
| e-mail |  | | |
| Details of any webpage or social media |  | | |

1. **DETAILS OF LOCATION**

|  |  |
| --- | --- |
| Trading Name |  |
| Address  *(where the animals are kept or trained between exhibitions)* |  |

1. **PREVIOUS/CURRENT REGISTRATIONS**

Have you been registered before? If yes, specify details

1. **ANCILLARY DETAILS**

|  |  |  |
| --- | --- | --- |
| a. | Provide contact details of your registered Veterinary Surgeon |  |
| b | Provide contact details of any other Veterinary Practices used such as equine, etc |  |
| c. | Provide details of Public Liability Insurance (loss, accident to dog etc.) |  |

1. **ACCOMMODATION AND FACILITIES**

|  |  |  |
| --- | --- | --- |
| a. | Size and construction of quarters used to permanently accommodate animals. |  |
| b. | Size and construction of quarters used to accommodate animals during travel/exhibition/temporary basis |  |
| c. | Arrangements for food and water supply at permanent accommodation |  |
| d. | Arrangements for food and water supply during travel/exhibition |  |
| e. | Arrangements for disposal of excreta, bedding and other waste material at permanent accommodation |  |
| f. | Arrangements for disposal of excreta, bedding and other waste material during travel/exhibition |  |
| g. | Description of isolation facilities for the control of infectious diseases |  |

1. **SCHEDULE OF ANIMALS**

Provide further details of the kind of animals to be trained or exhibited.

|  |  |
| --- | --- |
| Type or kind of animals to be trained/exhibited  *(state actual species)* | Numbers |
|  |  |
|  |  |
|  |  |
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|  |  |

1. **PERFORMANCE**

Provide a brief description of the general nature of the performance(s) in which the animals are to be exhibited (including any additional apparatus to be used). The description must be sufficient to give a general idea of what is done by the animals taking part in the performance.

Performance name (if applicable)

Performance description:

Approximate duration of the performance(s):

Number of times the performance will usually be given in any one day:

## DISQUALIFICATIONS AND CONVICTIONS

Has the applicant or any person who will have control or management of the establishment ever been:-

|  |  |
| --- | --- |
| a disqualified from keeping a pet shop, dog, animal boarding establishment, riding establishment or custody of any animal? | YES /  NO |
| b convicted of any offence(s) under Animal Welfare or Wildlife Legislation? | YES /  NO |
| c refused a licence refused or had one revoked or cancelled? | YES /  NO |

If **YES**, provide further details:

## SUPPORTIVE INFORMATION

**Please enclose where required to support your application:**

Operating procedures as outlined in the Regulations for example risk assesments, feeding regimes, cleaning procedures, transport procedure, infection control, emergency procedures

Training records and qualifications

Please provide any additional supportive information you feel is relevant to your application:

## DECLARATION

I certify that to the best of my knowledge and belief, the above particulars are true and apply for a licence at the premises, as specified, under the LAIA Regulations.

I have read and undertsood the legislative requirement, licensing conditions and associated guidance in relation to such activities.

I agree to pay the appropriate licence fees. NOTE: payment can only be made by a debit /credit card via an online link which will be sent to you when we have received your application.

I agree to the Council sharing information with relevant agencies such as the Council’s appointed Veterinary surgeon.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Designation |  | | |

Send to: **Department of Place**

Environmental Health

5th Floor, Britannia House

Hall Ings, Bradford, BD1 1HX

Email: eh.a eh.admin@bradford.gov.uk