

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

***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 [ ]

# DETAILS OF APPLICANT

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Operator must be an individual |  |  D.O.B |   |
| Home Address |  |
| Telephone |  |
| e-mail |  |

1. **ESTABLISHMENT**

|  |  |
| --- | --- |
| Trading Name |  |
| Address |  |
| Telephone |  |
| e-mail |  |
| Details of any webpages or social media |  |

 ***Select Box******Select Box***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the establishment operational throughout the year? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |  |
| --- | --- | --- |
| NO |  | [ ]   |

 |

|  |
| --- |
| If not state period when normally operating. |

# MANAGEMENT ARRANGEMENTS

Provide details of the manager or person with direct control of the establishment

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |

# MANAGEMENT EXPERIENCE

Does the manager have any of the following certificates?

[ ]  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

*Select (x) against the one(s) held and enclose the certificate(s) with this application.*

|  |
| --- |
| Give details of any other experience in the management of horses. |

***Select Box******Select Box***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does a responsible person live at the establishment? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| Will a person who is under 16 years of age be left in charge of the establishment at any time? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| Will the carrying on of business of the establishment be at all times in the charge of a person of the age of 16 years or over? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| Will supervision by a responsible person of the age of 16 years or over be provided at all times while horses from the Establishment are used for providing instruction in riding or are let out on hire for riding (except in the case of a horse let out for hire for riding, when the hirer is competent to ride without supervision)? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| Give further details relating to any supervision by any person under 16 years of age. |

# VETERINARY SURGEON

Provide details of your veterinary surgeon

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
|  |  |

Provide contact details of any other Veterinary Practices used such as domestic pets.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
|  |  |

# INSURANCE

Are you the holder of a current licence policy which insures you against liability for the following?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| b. liability arising out of such hire or use of a horse? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| c. 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 | [ ]   |

 |

If **YES** enclose a copy of the cover with your application:

If **NO** provide further details on what steps you are taking to obtain such insurance:

# ACCOMMODATION AND FACILITIES

What accommodation is available for the following (please state number or dimensions)?

|  |  |
| --- | --- |
| Horse Stables &Stalls |  |
| Boxes |  |
| Covered yard |  |
| Open yard |  |

What land is available for the following (please state dimensions)?

|  |  |
| --- | --- |
| Grazing |  |
| Instruction or demonstration |  |
| Exercise |  |

Provide details and arrangements for the following matter:-

|  |  |
| --- | --- |
| Forage and Bedding |  |
| Equipment and Saddlery |  |
| Water supply and watering horses |  |
| Disposal of animal waste |  |
| Protection of the horses in the case of fire? |  |

# HORSES

How many horses are kept under the terms of the Act at the present time?

Current horses:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Equine Life/Passport & Microchip Numbers | Description and size | Sex | Age | Age range of people who will ride this horse |
|  |  |  |  |  |  |
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*Please continue on separate sheet if necessary*

# DISQUALIFICATIONS AND CONVICTIONS

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 1. disqualified from keeping a pet shop, dog, animal boarding establishment, riding establishment or custody of any animal? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| 2. convicted of any offence(s) under Animal Welfare or Wildlife Legislation? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |
| 3. refused a licence refused or had one revoked or cancelled? |

|  |  |
| --- | --- |
| YES  | [ ]   |

 |

|  |  |
| --- | --- |
| NO | [ ]   |

 |

If **YES** provide further details:

# 11. SUPPORTIVE INFORMATION

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

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

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

# 12. 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 understood the legislative requirement, licensing conditions and associated guidance in relation to such activities.

[ ]  Enclose a copy of any management/training certificates and/or certificate of liability insurance

[ ]  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 Vet.

|  |  |  |  |
| --- | --- | --- | --- |
| 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