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

Application for a licence to sell animals as pets

1	Reference number					
	System reference Number (if known)					
	Your reference (if known)					
		·				
2a	Agent	T				
	Are you an agent acting on behalf of the applicant	Yes		No		If no, go to next question
2b	Further information about the Agent					
	Name					
	Address					
	Email					
	Main telephone number					
	Other telephone number					
3	Applicant details					
	Name					
	Address					
	Email					
	Main telephone number					
	Other telephone number					
	Are you applying as a business or organisation, including a sole trader	Yes		No		
	Are you applying as an individual	Yes		No		
4a	Applicant Business					
	Is your company registered with companies house	Yes		No		If no, go to next question
	Registration Number					
	Is your business registered outside the UK					
	VAT Number					
	Legal status of the business					
	Your position in the business					
	The country where your head office is located.					
4b	Business Address – This should be you receive all communication	ur official addres	s – The	address req	uirec	l of you by law to
	Building name or number					
	Street					
	District					
	City or Town					
	County or administrative area					
	Post Code					
	Country					

5	Type of Business					
	Pet Shop					
	Home Sales					
	Internet Sales					
	Wholesales					
	Third Party Sales					
	Hobby Sales					
	Sale of animals to the public as pets by means of a fixed or minimum donation					
	Other please state					
6	Type of Application		ı		1	
	Type of Application	New		Renewal		
	Existing licence number					
6b	Further details about the applicant					
	Do you have any training certificates or qualifications?	Yes / No		If no, go to next question		
	Please provide details of training certificates and qualifications					
	Please provide details of relevant experience					
	Date of birth					
7	Premises to be licensed					
	Name of premises/trading name					
	Address of premises					
	Telephone number of premises					
	Email address					
	Do you have planning permission for this business use.			Yes/N	0	
	1					
8	Accommodation and facilities					
	Number and size of rooms to be used					
	Heating arrangements					
	Method of ventilation of premises					
	Lighting arrangements (natural & artificial)					
	Water supply					
	Facilities for food storage & preparation					
	Arrangements for disposal of excreta, bedding and other waste material					
	Isolation facilities for the control of infectious diseases					
	Fire precautions/equipment and arrangements in the case of fire					
	Do you keep and maintain a register of animals?	Yes / No				
	When the premises is closed what arrangements are in place to ensure the welfare of animals.					

9	Animals to be sold				
	Please provide details of the animals to be sold				
	Туре		Maximum Number	Details of accommodation including size	Age at which to be sold
	Dogs / puppies	Yes/No			
	Cats /kittens	Yes/No			
	Chipmunks	Yes/No			
	Rabbits & cavies	Yes/No			
	Hamsters	Yes/No			
	Rats, mice & gerbils	Yes/No			
	Larger domesticated mammals, e.g. goats, pot-bellied pigs	Yes/No			
	Primates e.g. marmosets	Yes/No			
	Parrots, parakeets and macaws	Yes/No			
	Pigeons	Yes/No			
	Other large birds (please specify)	Yes/No			
	Budgerigars, finches and other small birds	Yes/No			
	Tortoises	Yes/No			
	Snakes and lizards	Yes/No			
	Tropical fish	Yes/No			
	Marine fish	Yes/No			
	Cold water fish	Yes/No			
	Any other species (please specify)	Yes/No			
40	Votorinom/ ourgoon				
10	Veterinary surgeon				
10	Name of usual veterinary surgeon				
10	Name of usual veterinary surgeon Company name				
10	Name of usual veterinary surgeon Company name Address				
10	Name of usual veterinary surgeon Company name Address Telephone number				
10	Name of usual veterinary surgeon Company name Address				
10 11a	Name of usual veterinary surgeon Company name Address Telephone number				
	Name of usual veterinary surgeon Company name Address Telephone number Email address	? '	Yes/No	If no, go to i	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title Address	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title Address Daytime telephone number	?	Yes/No	If no, go to	next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title Address Daytime telephone number Evening/other telephone number		Yes/No		next question
	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Add another person? Emergency key holder 2				•
11a	Name of usual veterinary surgeon Company name Address Telephone number Email address Emergency key holder Do you have an emergency key holder Name Position/job title Address Daytime telephone number Evening/other telephone number Email address Add another person?				•
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12	Disqualifications and convictions				
	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			
	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			
	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			
	If yes to any of these questions, please provide details,				

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

Declaration section

1	Model Licence Conditions & Guidance			
		ne applicable model licence conditions & guidance		
	Pet Vending			
	Animal Boarding			
	Performing Animals			
	Riding Establishments			
	The Breeding and Sale of Dogs			
2	Additional Information			
	Please attach the following Information			
	A plan of the premises			
	Insurance policy			
	Operating procedures			
	Risk Assessments (including Fire)			
	Infection control procedure			
	Qualifications			
	Training records			
3	Fee			
	I have made or enclosed payment of the fee			
4	Declaration			
	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.			
	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.			
	Signing this box indicates you have read and understood the above declaration			
	Full Name			

Capacity Date