

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

**Application for a licence to keep or train animals for  
exhibition**

|           |  |     |  |    |  |                                   |
|-----------|--|-----|--|----|--|-----------------------------------|
| <b>1</b>  | <b>Reference number</b>  |     |  |    |  |                                   |
|           | System reference Number (if known)   |     |  |    |  |                                   |
|           | Your reference (if known)  |     |  |    |  |                                   |
| <b>2a</b> | <b>Agent</b>   |     |  |    |  |                                   |
|           | Are you an agent acting on behalf of the applicant   | Yes |  | No |  | <b>If no, go to next question</b> |
| <b>2b</b> | <b>Further information about the Agent</b>   |     |  |    |  |                                   |
|           | Name   |     |  |    |  |                                   |
|           | Address  |     |  |    |  |                                   |
|           | Email  |     |  |    |  |                                   |
|           | Main telephone number  |     |  |    |  |                                   |
|           | Other telephone number   |     |  |    |  |                                   |
| <b>3</b>  | <b>Applicant details</b>   |     |  |    |  |                                   |
|           | 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 |  |                                   |
| <b>4a</b> | <b>Applicant Business</b>  |     |  |    |  |                                   |
|           | Is your company registered with companies house  | Yes |  | No |  | <b>If no, go to next question</b> |
|           | 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.   |     |  |    |  |                                   |
| <b>4b</b> | <b>Business Address – This should be your official address – The address required of you by law to receive all communication</b> |     |  |    |  |                                   |
|           | Building name or number  |     |  |    |  |                                   |
|           | Street   |     |  |    |  |                                   |
|           | District   |     |  |    |  |                                   |
|           | City or Town   |     |  |    |  |                                   |
|           | County or administrative area  |     |  |    |  |                                   |
|           | Post Code  |     |  |    |  |                                   |
|           | Country  |     |  |    |  |                                   |

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| <b>5</b> | <b>Type of business/performance (please tick)</b> |  |
|          | TV/Film/Social Media                              |  |
|          | Theatre   |  |
|          | Circus using domestic animals                     |  |
|          | Exhibiting Animals                                |  |
|          | Animal Encounters                                 |  |
|          | Birds of Prey shows/exhibits                      |  |
|          | Other please state                                |  |

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| <b>6a</b> | <b>Application Details</b>   |     |  |    |                            |
|           | Have you been registered/licenced before   | Yes |  | No | If no, go to next question |
|           | Local Authority where registered/licenced  |     |  |    |                            |
|           | Give details of registration e.g type and numbers of animals, type of performance or exhibition. |     |  |    |                            |
| <b>6b</b> | <b>Further information about the applicant</b>   |     |  |    |                            |
|           | Stage name (if any)  |     |  |    |                            |
|           | Nationality  |     |  |    |                            |
|           | Date of birth  |     |  |    |                            |

|          |                               |  |
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| <b>7</b> | <b>Animals to be trained</b>  |  |
|          | Name of premises/trading name |  |
|          | Address of premises           |  |
|          | Telephone number of premises  |  |
|          | Email address                 |  |

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| <b>8a</b> | <b>Kinds of animal to be trained and the number of each kind</b>  |        |
|           | Kind of animal  |        |
|           | Number  |        |
|           | Add another kind of Animal?   | Yes/No |
|           | If no, go to next question  |        |
| <b>8b</b> | <b>Kinds of animal to be trained and the number of each kind 2</b>  |        |
|           | Kind of animal  |        |
|           | Number  |        |
|           | Add another kind of Animal?   | Yes/No |
|           | If no, go to next question  |        |
| <b>8c</b> | <b>Kinds of animal to be trained and the number of each kind 3</b>  |        |
|           | Kind of animal  |        |
|           | Number  |        |
|           | If you intend to train further kinds of animals please attach a separate list of these animals and the numbers of each. |        |

|          |  |        |
|----------|--|--------|
| <b>9</b> | <b>Kinds of animal to be exhibited/Encounter and the number of each kind</b>   |        |
|          | Kind of animal   |        |
|          | Number   |        |
|          | Add another kind of Animal?  | Yes/No |
|          | If no, go to next question   |        |
| <b>9</b> | <b>Kinds of animal to be exhibited/Encounter and the number of each kind 2</b> |        |
|          | Kind of animal   |        |
|          | Number   |        |
|          | Add another kind of Animal?  | Yes/No |
|          | If no, go to next question   |        |
| <b>9</b> | <b>Kinds of animal to be exhibited/Encounter and the number of each kind 3</b> |        |
|          | Kind of animal   |        |
|          | Number   |        |

|          |   |
|----------|---|
| <b>9</b> | <b>Kinds of animal to be exhibited/Encounter and the number of each kind</b>  |
|          | If you intend to exhibit further kinds of animals please attach a separate list of these animals and the numbers of each. |

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| <b>10</b> | <b>Proposed Performance or Encounter</b>   |  |
|           | Describe the nature of the performance (s) in which the animals will be exhibited or for which they are to be trained, mentioning any apparatus which is used for the purpose of the performance. The description must be sufficient to give a general idea of what is done by the animals taking part in the performance. If it is an animal encounter please give details of what type of encounter and where these are to take place. |  |
|           | Approximate duration of the performance (s)  |  |
|           | Number of times the performance will be given in one day.  |  |
|           | How will the animals be transported  |  |
|           | Where are the animals to be kept when not performing or being exhibited.   |  |

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| <b>11</b> | <b>Veterinary surgeon</b>        |  |
|           | Name of usual veterinary surgeon |  |
|           | Company name                     |  |
|           | Address                          |  |
|           | Telephone number                 |  |
|           | Email address                    |  |

|            |                                      |                 |                                   |
|------------|--------------------------------------|-----------------|-----------------------------------|
| <b>12a</b> | <b>Emergency key holder</b>          |                 |                                   |
|            | Do you have an emergency key holder? | <b>Yes / No</b> | <b>If no, go to next question</b> |
|            | Name                                 |                 |                                   |
|            | Position/job title                   |                 |                                   |
|            | Address                              |                 |                                   |
|            | Daytime telephone number             |                 |                                   |
|            | Evening/other telephone number       |                 |                                   |
|            | Email address                        |                 |                                   |
|            | Add another person?                  | <b>Yes / No</b> | <b>If no, go to next question</b> |
| <b>12b</b> | <b>Emergency key holder 2</b>        |                 |                                   |
|            | Name                                 |                 |                                   |
|            | Position/job title                   |                 |                                   |
|            | Address                              |                 |                                   |
|            | Daytime telephone number             |                 |                                   |
|            | Evening/other telephone number       |                 |                                   |
|            | Email address                        |                 |                                   |

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|-----------|---|-----------------|-----------------------------------|
| <b>13</b> | <b>Public liability insurance</b>                               |                 |                                   |
|           | Do you have public liability insurance?                         | <b>Yes / No</b> | <b>If no, go to next question</b> |
|           | Please provide details of the policy                            |                 |                                   |
|           | Insurance company   |                 |                                   |
|           | Policy number   |                 |                                   |
|           | Period of cover   |                 |                                   |
|           | Amount of cover (£)   |                 |                                   |
|           | Please state what steps you are taking to obtain such insurance |                 |                                   |

|           |  |                 |  |
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| <b>14</b> | <b>Disqualifications and convictions</b>   |                 |  |
|           | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:                                      |                 |  |
|           | Keeping a pet shop?  | <b>Yes/No</b>   |  |
|           | Keeping a dog?   | <b>Yes/No</b>   |  |
|           | Keeping an animal boarding establishment?  | <b>Yes/No</b>   |  |
|           | Keeping a riding establishment?  | <b>Yes/No</b>   |  |
|           | Having custody of animals?   | <b>Yes/No</b>   |  |
|           | 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? | <b>Yes/No</b>   |  |
|           | Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled?                 | <b>Yes / No</b> |  |
|           | If yes to any of these questions, please provide details,  |                 |  |

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|-----------|---|--|--|
| <b>15</b> | <b>Additional details</b>   |  |  |
|           | Please check local guidance notes and conditions for any additional information which may be required |  |  |
| 11.1      | Additional information which is required or may be relevant to the application                        |  |  |

## Declaration section

|          |   |  |
|----------|---|--|
| <b>1</b> | <b>Model Licence Conditions &amp; Guidance</b>  |  |
|          | All applicants to tick that they have read the applicable model licence conditions & guidance |  |
|          | Pet Vending   |  |
|          | Animal Boarding   |  |
|          | Performing Animals  |  |
|          | Riding Establishments   |  |
|          | The Breeding and Sale of Dogs   |  |

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| <b>2</b> | <b>Additional Information</b>           |  |
|          | Please attach the following Information |  |
|          | A plan of the premises                  |  |
|          | Insurance policy                        |  |
|          | Operating procedures                    |  |
|          | Risk Assessments (including Fire)       |  |
|          | Infection control procedure             |  |
|          | Qualifications                          |  |
|          | Training records                        |  |

|          |  |  |
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| <b>3</b> | <b>Fee</b>                                 |  |
|          | I have made or enclosed payment of the fee |  |

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|----------|---|--|
| <b>4</b> | <b>Declaration</b>  |  |
|          | 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  |  |