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

**APPLICATION FOR A LICENCE TO HIRE OUT HORSES**

**(RIDING ESTABLISHMENT)**

Renewal

New

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS**  **(Applicant must be the individual(s) who will carry on the licensable activity)**  To be completed in **BLACK** ink \* Please delete as appropriate – | | | | | | | | | | | | | | | | | |
| Full Name of Applicant | | | | | Please indicate title (i.e. Mr, Mrs, Miss, Ms etc.) | | | | | | | | | | | | |
| Address  of Applicant | | | | | Postcode  We will use this address for correspondence unless you say otherwise | | | | | | | | | | | | |
| Date of Birth of Applicant | | | | |  | | | | | | | | | | | | |
| Contact Numbers for Applicant | | | | | Landline  Mobile | | | | | | | | | | | | |
| Email Address for Applicant | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **YES** | | | **NO** | |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a pet shop? | | | | | | | | | | | | |  | | |  | |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a dog? | | | | | | | | | | | | |  | | |  | |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping an animal boarding establishment? | | | | | | | | | | | | |  | | |  | |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping a riding establishment? | | | | | | | | | | | | |  | | |  | |
| Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from having custody of animals? | | | | | | | | | | | | |  | | |  | |
| 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? | | | | | | | | | | | | |  | | |  | |
| Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? | | | | | | | | | | | | |  | | |  | |
| If Yes, to any of the above then please provide details:- | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **YES** | | | **NO** | |
| Do you have planning consent for business use? | | | | | | | | | | | | |  | | |  | |
| Is your business certified by a UKAS-accredited body with 3 or more years of compliance history? | | | | | | | | | | | | |  | | |  | |
| Do you have public liability insurance? | | | | | | | | | | | | |  | | |  | |
| If NO please state what steps you are taking to obtain such insurance. | | | | | | | | | | | | | | | | | |
| If YES please provide the following details:-  Policy Number:-  Period of Cover:-  Amount of Cover:- | | | | | | | | | | | | | | | | | |
| Does this policy:- | | | | | | | | | | | | | **YES** | | | **NO** | |
| 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? | | | | | | | | | | | | |  | | |  | |
| Insure against liability arising out of such hire or use of a horse? | | | | | | | | | | | | |  | | |  | |
| 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? | | | | | | | | | | | | |  | | |  | |
| Please give any dates over the next 10 weeks when the premises will not be available for inspection. | | | | |  | | | | | | | | | | | | |
| **PREMISES TO BE LICENSED** | | | | | | | | | | | | | | | | | |
| Name of Business / Trading Name (if any) | | | | |  | | | | | | | | | | | | |
| Address of Premises to be licensed (if different to applicant details) | | | | | Postcode | | | | | | | | | | | | |
| Premises Contact Numbers (if different to applicant details) | | | | | Landline  Mobile | | | | | | | | | | | | |
| Premises / Business Email (if different to applicant details) | | | | |  | | | | | | | | | | | | |
| Website Address for Premises / Business | | | | |  | | | | | | | | | | | | |
| Will the premises be operative throughout the year? | | | | | Please provide details | | | | | | | | | | | | |
| What are the opening times of the premises? | | | | |  | | | | | | | | | | | | |
| **ACCOMMODATION AND FACILITIES** | | | | | | | | | | | | | | | | | |
| How many horses are kept under the terms of the Act at the premises at the present time? | | | | |  | | | | | | | | | | | | |
| How many horses is it intended to keep under the terms of the Act during the year time? | | | | |  | | | | | | | | | | | | |
| Please provide details of all the horses currently kept:-  Continue on separate sheet if necessary | | | | | | | | | | | | | | | | | |
|  | | Name | | Description & size | | | | Sex | Age | | Passport  number | | Purpose for which horse is kept | | | Age range of people who ride this horse | |
| 1 | |  | |  | | | |  |  | |  | |  | | |  | |
| 2 | |  | |  | | | |  |  | |  | |  | | |  | |
| 3 | |  | |  | | | |  |  | |  | |  | | |  | |
| 4 | |  | |  | | | |  |  | |  | |  | | |  | |
| 5 | |  | |  | | | |  |  | |  | |  | | |  | |
| 6 | |  | |  | | | |  |  | |  | |  | | |  | |
| 7 | |  | |  | | | |  |  | |  | |  | | |  | |
| 8 | |  | |  | | | |  |  | |  | |  | | |  | |
| 9 | |  | |  | | | |  |  | |  | |  | | |  | |
| 10 | |  | |  | | | |  |  | |  | |  | | |  | |
| Please describe the accommodation available for horses:- | | | | | | | | | | | | | | | | | |
| Stalls - please give the number | | | | |  | | | | | | | | | | | | |
| Boxes - please give the number | | | | |  | | | | | | | | | | | | |
| Covered yard – please give dimensions | | | | |  | | | | | | | | | | | | |
| Open Yard - please give dimensions | | | | |  | | | | | | | | | | | | |
| Please describe the land available for:- | | | | | | | | | | | | | | | | | |
| Grazing | | | | |  | | | | | | | | | | | | |
| Instruction and demonstration | | | | |  | | | | | | | | | | | | |
| Exercise | | | | |  | | | | | | | | | | | | |
| Please describe the accommodation available for:- | | | | | | | | | | | | | | | | | |
| Forage and bedding | | | | |  | | | | | | | | | | | | |
| Equipment and saddlery | | | | |  | | | | | | | | | | | | |
| Please describe the arrangements in place for:- | | | | | | | | | | | | | | | | | |
| Water supply and watering horses | | | | |  | | | | | | | | | | | | |
| Disposal of animal waste | | | | |  | | | | | | | | | | | | |
| Protection of horses in event of a fire, and fire precautions | | | | |  | | | | | | | | | | | | |
| **MANAGEMENT OF THE PREMISES** | | | | | | | | | | | | | | | | | |
| Please provide the name and address of the manager/person with direct control of the establishment | | | | |  | | | | | | | | | | | | |
| Does the manager have any of the following certificates? Please 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 | | | | | | | | | | | | | |  | | | |
| Please give details of the manager’s experience in the management of horses | | | | |  | | | | | | | | | | | | |
| What are the arrangements in the event of an emergency? | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **YES** | | | **NO** | |
| Does a responsible person live at the establishment? | | | | | | | | | | | | |  | | |  | |
| Will a person who is under 18 years of age be left in charge of the establishment or the licensable activities at any time? | | | | | | | | | | | | |  | | |  | |
| 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 supervisions)? | | | | | | | | | | | | |  | | |  | |
| **EMERGENCY KEY HOLDER** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **YES** | | | **NO** | | |
| Do you have an emergency key holder?  If YES please provide details below. | | | | | | | | | | | |  | | |  | | |
| Name  Position / Job Title:  Address:  Postcode:  Daytime Telephone No:  Evening / Other Telephone No:  Email address: | | | | | | | | | | | | | | | | | |
| **VETERINARY SURGEON** | | | | | | | | | | | | | | | | | |
| Name of usual veterinary surgeon | | | | |  | | | | | | | | | | | | |
| Company Name | | | | |  | | | | | | | | | | | | |
| Full Address | | | | |  | | | | | | | | | | | | |
| Telephone Number | | | | |  | | | | | | | | | | | | |
| Email address | | | | |  | | | | | | | | | | | | |
| **GUIDANCE AND ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | |
| It is recommended that you read the procedural guidance notes published by the Department for Environment, Food & Rural Affairs (DEFRA) for local authorities. DEFRA has also published guidance in relation to all licensable activities which includes the conditions of licence that will be imposed if a licence is issued.  The guidance documents can be found by accessing the link below if you have an electronic version of this form, alternatively type the address in the link below into your internet browser. The guidance documents will be useful to applicants and operators as they explain the licensing requirements, conditions of licence, inspection of premises together with information relating to how the star rating and length of licence to be issued will be determined by the Council.  <http://www.cfsg.org.uk/_layouts/15/start.aspx#/SitePages/Legislation%20and%20Guidance.aspx> | | | | | | | | | | | | | | | | | |
| Please provide any additional information which is required or may be relevant to the application | | | | | | | | | | | | | | | | | |
| Please read the information below and then proceed to the declaration section and provide any necessary documents. | | | | | | | | | | | | | | | | | |
| **PRIVACY NOTICE** | | | | | | | | | | | | | | | | | |
| The information you provide is confidential and subject to the requirements of the Data Protection Act 2018. This personal data will be held and processed by Tamworth Borough Council for the purpose(s) of licensing and enforcement and protection of public funds.  (The personal details you provide may also be shared with a veterinary Surgeon / practitioner, DEFRA, RSPCA, UKAS-accredited body, Planning Service, Council Legal Team and the licencing committee. For the purposes of or as part of any statutory duties requiring such disclosure and to protect the public funds it collects and administers.)  Any data may be used to prevent fraud or the misuse of resources. For further information of our privacy notice, please visit [www.tamworth.gov.uk/privacy-notice](http://www.tamworth.gov.uk/privacy-notice) | | | | | | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | | | | |
| I agree to permit an officer and / or a veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises which are the subject of this application.  I declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.  I also confirm that I read and understand the privacy notice and that I am aware of the provisions of the relevant legislation and the model licence conditions which I will comply with at all times and that I have read and understand the privacy notice. | | | | | | | | | | | | | | | | | |
| Date | | |  | | | Signature of  Applicant | | | |  | | | | | | | |
| Please attach / provide the following information with your application.   * Layout / outline plan of the premises (unless we have this already and the layout has not changed )   The following may also need to be seen / inspected. It would be helpful to receive them with your application as it may save time later, particularly during the licence inspection:-   * Insurance policy * Operating procedures * Risk assessments (including Fire) * Infection control procedure * Qualifications * Training records * Details / evidence of certification by a UKAS accredited body or 3 years or more compliance history   Please send your application and supporting information (together with the application fee) to the address below.  Any cheques must be made payable to “Tamworth Borough Council”.  Alternatively we can call you to take a telephone payment by Debit/Credit Card?  YES / NO Please circle / delete as appropriate.  **Licensing, Public Protection,**  **Tamworth Borough Council,**  **Marmion House,**  **Lichfield Street,**  **Tamworth,**  **B79 7BZ.**  **Tel-01827 709445**  [**Email-public-protection@tamworth.gov.uk**](mailto:Email-public-protection@tamworth.gov.uk) | | | | | | | | | | | | | | | | | |
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