



ANIMAL BOARDING ESTABLISHMENTS ACT 1963, SECTION 1
APPLICATION FOR LICENCE TO OPERATE A HOME BOARDING
ESTABLISHMENT FOR ANIMALS

APPLICATION DETAILS

<p align="center">NEW/RENEWAL delete as appropriate</p>	<p>Existing Licence No.</p> <p>Expiry Date</p>
<p>Number of animals to be accommodated</p>	<p>Cats</p> <p>Dogs</p>

APPLICANT DETAILS

<p>Full name(s) of applicant</p>	<p>Title:</p> <p>Surname:</p> <p>Christian Names</p> <p>.....</p>
<p>Applicant address</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Telephone number</p>	<p>.....</p>
<p>Email address</p>	<p>.....</p>

PREMISES TO BE LICENSED

<p>Name of premises/trading name</p>	<p>.....</p>
<p>Address of premises</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Telephone number</p>	<p>.....</p>
<p>Email address</p>	<p>.....</p>

ACCOMMODATION AND FACILITIES

Type of Property

Sleeping arrangements for animals

Method of heating and ventilation of premises

Lighting arrangements (natural and artificial)

Water Supply

Facilities for food storage and 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

Arrangements for keeping a register/record of animals

Arrangements for minimising the disturbance from noise
Number and type of resident animals

VETERINARY SURGEON

Full name of Veterinary Surgeon/Practitioner	............
Trading Name	
Practice Address	...............
Telephone number	
Email address	

EMERGENCY KEY HOLDER

Do you have an emergency key holder?	YES/NO
If Yes please supply contact details	
Name	.....
Tel. No.	.....
Email	.....
Address	..........

DISQUALIFICATIONS AND CONVICTIONS

Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from	
Keeping an animal boarding establishment?	YES/NO
Keeping a dog?	YES/NO
Keeping a pet shop?	YES/NO
Keeping a riding establishment?	YES/NO
Having custody of animals?	YES/NO
If yes to any of the above please provide details, including dates and circumstances	
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Has the applicant, or any person who will have direct control or management of the establishment, been convicted of any offences under the Animal Welfare or Wildlife Legislation?	YES/NO
If yes please provide details, including dates and circumstances	
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Has the applicant, or any person who will have direct control or management of the establishment, ever had a licence refused, revoked or cancelled?	YES/NO
If yes please provide details, including dates and circumstances	
.....	
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CHILDREN	
Are there any children under the age of 5 years old residing at the premises?	YES/NO
If yes please provide the age each child will be at the time of application.	
Child 1	..... years months
Child 2	..... years months
Child 3	..... years months
Child 4	..... years months

DECLARATION	
<p>I am aware of the provisions of the Animal Boarding Establishments Act 1963. The details contained in this application form and any attached documentation are correct to the best of my knowledge and belief.</p> <p>I enclose the appropriate licence fee of £.....</p> <p>I am satisfied that the premises has the requisite planning permission for the use proposed and that such use does not contravene any planning conditions that may apply to the premises.</p> <p>Read the following statement carefully before signing it. A false statement may render you liable to prosecution.</p> <p>I declare my answers to the above questions to be correct in every respect.</p> <p>Signed: Dated:</p>	

Please return form to: Licensing, Environmental and Regulatory Services, Council Offices, High Street, Coleford, Gloucestershire. GL16 8HG.

This Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.