**Tendring District Council Logo**

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

**Application for a licence to sell animals as pets**

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| **1** | **Standard applicant profile section** |  |

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

**\* All new licence applications must be accompanied by the documentation, required by the licence conditions, for the animal activity licence being applied for.**

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| **2** | **Type of Business** | |  |
| 2.1 | Pet Shop |  |  |
| 2.2 | Home Sales |  |  |
| 2.3 | Internet Sales |  |  |
| 2.4 | Wholesales |  |  |
| 2.5 | Third Party Sales |  |  |
| 2.6 | Hobby Sales (Pet Fairs) |  |  |
| 2.7 | Sale of animals to the public as pets by means of a fixed or minimum donation |  |  |
| 2.8 | Other please state |  |  |

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| 3 | **Type of Application** | New \* |  | Renewal | |  | If new, go to 3.a |  |
| 3.2 | Existing licence number |  | | | | | |  |
| **3a** | **Further details about the applicant** | | | | | | |  |
| 3.3 | Do you have any training certificates or qualifications? | Yes / No | | | If no, go to 2.5 | | |  |
| 3.4 | Please provide details of training certificates and qualifications |  | | | | | |  |
| 3.5 | Please provide details of relevant experience |  | | | | | |  |
| 3.6 | Date of birth |  | | | | | |  |

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| **4** | **Premises to be licensed** | |  |
| 4.1 | Name of premises/trading name |  |  |
| 4.2 | Address of premises |  |  |
| 4.3 | Telephone number of premises |  |  |
| 4.4 | Email address |  |  |
| 4.5 | Do you have planning permission for this business use. | Yes/No |  |

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| **5** | **Accommodation and facilities** | | |  |
| 5.1 | Number and size of rooms to be used |  | |  |
| 5.2 | Heating arrangements |  | |  |
| 5.3 | Method of ventilation of premises |  | |  |
| 5.4 | Lighting arrangements (natural & artificial) |  | |  |
| 5.5 | Water supply |  | |  |
| 5.6 | Facilities for food storage & preparation |  | |  |
| 5.7 | Arrangements for disposal of excreta, bedding and other waste material |  | |  |
| 5.8 | Isolation facilities for the control of infectious diseases |  | |  |
| 5.9 | Fire precautions/equipment and arrangements in the case of fire |  | |  |
| 5.10 | Do you keep and maintain a register of animals? | Yes / No |  |  |
| 5.11 | When the premises is closed what arrangements are in place to ensure the welfare of animals. |  | |  |

| **6** | **Animals to be sold** | | | | |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Please provide details of the animals to be sold | | | | |  |
|  | **Type** |  | **Maximum**  **Number** | **Details of accommodation including size** | **Age at which to be sold** |  |
| 6.1 | Dogs / puppies | Yes/No |  |  |  |  |
| 6.2 | Cats /kittens | Yes/No |  |  |  |  |
| 6.3 | Chipmunks | Yes/No |  |  |  |  |
| 6.4 | Rabbits & cavies | Yes/No |  |  |  |  |
| 6.5 | Hamsters | Yes/No |  |  |  |  |
| 6.6 | Rats, mice & gerbils | Yes/No |  |  |  |  |
| 6.7 | Larger domesticated mammals, e.g. goats, pot-bellied pigs | Yes/No |  |  |  |  |
| 6.8 | Primates e.g. marmosets | Yes/No |  |  |  |  |
| 6.9 | Parrots, parakeets and macaws | Yes/No |  |  |  |  |
| 6.10 | Pigeons | Yes/No |  |  |  |  |
| 6.11 | Other large birds (please specify) | Yes/No |  |  |  |  |
| 6.12 | Budgerigars, finches and other small birds | Yes/No |  |  |  |  |
| 6.13 | Tortoises | Yes/No |  |  |  |  |
| 6.14 | Snakes and lizards | Yes/No |  |  |  |  |
| 6.15 | Tropical fish | Yes/No |  |  |  |  |
| 6.16 | Marine fish | Yes/No |  |  |  |  |
| 6.17 | Cold water fish | Yes/No |  |  |  |  |
| 6.18 | Any other species (please specify) | Yes/No |  |  |  |  |

| **7** | **Veterinary surgeon** | |  |
| --- | --- | --- | --- |
| 7.1 | Name of usual veterinary surgeon |  |  |
| 7.2 | Company name |  |  |
| 7.3 | Address |  |  |
| 7.4 | Telephone number |  |  |
| 7.5 | Email address |  |  |

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| **8** | **Emergency key holder** | | |  |
| 8.1 | Do you have an emergency key holder? | Yes / No | If no, go to 9.1 |  |
| 8.2 | Name |  | |  |
| 8.3 | Position/job title |  | |  |
| 8.4 | Address |  | |  |
| 8.5 | Daytime telephone number |  | |  |
| 8.6 | Evening/other telephone number |  | |  |
| 8.7 | Email address |  | |  |
| 8.8 | Add another person? | Yes / No | If yes, 8.2 to 8.8 to be repeated |  |

| **9** | **Disqualifications and convictions** | | |  |
| --- | --- | --- | --- | --- |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | |  |
| 9.1 | Keeping a pet shop? | Yes/No |  |  |
| 9.2 | Keeping a dog? | Yes / No |  |
| 9.3 | Keeping an animal boarding establishment? | Yes/No |  |
| 9.4 | Keeping a riding establishment? | Yes/No |  |
| 9.5 | Having custody of animals? | Yes/No |  |
| 9.6 | 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 |  |  |
| 9.7 | 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 |  |  |
| 9.8 | If yes to any of these questions, please provide details, |  | |  |

| **10** | **Additional details** | |  |
| --- | --- | --- | --- |
|  | Please check local guidance notes and conditions for any additional information which may be required | |  |
| 10. | Additional information which is required or may be relevant to the application |  |  |

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| **11** | **Standard declaration and signature section** |  |

I/WE CERTIFY that to the best of my/our knowledge and belief, the above particulars are true. I agree to permit a person authorised by the Council to inspect the premises, by either an on-site visit, or via remote access software, before any licence is granted. I understand that photographs will be taken as part of the inspection process.

I apply for a licence to operate a business of selling animals as pets. I understand that the licence period will be dependent upon the star-rating achieved.

SIGNED………………………………………………DATE …………………………………...

PRINT FULL NAME ……………………………......POSITION……………………………….

**Please return form to: Food, Health &Safety Team, Environmental Health, Tendring District Council, 88-90 Pier Avenue, Clacton-on-Sea, Essex CO15 1TN. Alternatively, e-mail to fhsadmin@tendringdc.gov.uk.**