



## Application for a licence to keep or train animals for exhibition (new)

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

Please complete all the questions in the form. If you have nothing to record, please state "none" or "not applicable".

#### Section 1 – applicant details *the person/s to hold the licence*

1. Your name

Mr      Mrs      Miss      Ms      Other *(please state)*

Surname:

Forenames:

2. Your date of birth

Day:

Month:

Year:

3. Nationality

4. Address where **ordinarily** resident *(We will use these details to correspond with you unless you complete the separate correspondence box on page 2)*

Post town

Postcode

5. Other contact details

Phone number

Mobile number

Email address

#### If a joint application, details of the second applicant

6. Your name

Mr      Mrs      Miss      Ms      Other *(please state)*

Surname:

Forenames:

7. Your date of birth

Day:

Month:

Year:

### Details of the second applicant, continued

8. Nationality			
9. Address where <b>ordinarily</b> resident ( <i>We will use these details to correspond with you unless you complete the separate correspondence box on page 2</i> )			
Post town		Postcode	
10. Other contact details			
Phone number			
Mobile number			
Email address			

### Alternative contact for correspondence associated with this application

1. Name			
2. Role <i>e.g. agent, arranger</i>			
3. Alternative address for correspondence associated with this application			
Post town		Postcode	
4. Alternative contact details ( <i>if applicable</i> )			
Phone number			
Mobile number			
Email address			

### Section 2 – application details

1. Stage name (if any)			
2. Type of business or performance	<div><input type="checkbox"/> TV/film/social media</div> <div><input type="checkbox"/> Theatre</div> <div><input type="checkbox"/> Circus using domestic animals</div> <div><input type="checkbox"/> Exhibiting animals</div> <div><input type="checkbox"/> Animal encounters</div> <div><input type="checkbox"/> Birds of prey shows/exhibits</div> <div><input type="checkbox"/> Other (please state) _____</div>		

**Section 3 – premises to be licensed** *where the animals will be kept or trained from*

1. Trading name			
2. Postal address of premises or, if none, ordnance survey map reference or 'what3words' reference or description			
Post town		Postcode	
3. Phone number at premises (if any)			
4. Email address of premises (if any)			

**Section 4a – animals to be kept for exhibition** *continue on a separate sheet, if needed*

Animal 1	Kind of animal:	
	Number to be kept:	
Animal 2	Kind of animal:	
	Number to be kept:	
Animal 3	Kind of animal:	
	Number to be kept:	
Animal 4	Kind of animal:	
	Number to be kept:	

**Section 4b – animals to be trained for exhibition** *continue on a separate sheet, if needed*

Animal 1	Kind of animal:	
	Number to be kept:	
Animal 2	Kind of animal:	
	Number to be kept:	
Animal 3	Kind of animal:	
	Number to be kept:	
Animal 4	Kind of animal:	
	Number to be kept:	

## Section 5 – proposed performance or encounter

1. 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.

2. Approximate duration of the performance(s)

3. Number of times the performance will be given in one day.

4. How will the animals be transported?

5. Where are the animals to be kept when not performing or being exhibited?

**Section 6 – vet details**

1. Surgery name			
2. Name of usual vet (if applicable)			
3. Postal address of veterinary surgery			
Post town		Postcode	
4. Phone number at premises			
5. Email address			

**Section 7 – emergency key holder 1**

1. Name			
2. Relation <i>e.g. employee, neighbour</i>			
3. Address			
4. Daytime phone number			
5. Evening phone number			
6. Email address			

**Emergency key holder 2**

1. Name			
2. Relation <i>e.g. employee, neighbour</i>			
3. Address			
4. Daytime phone number			
5. Evening phone number			
6. Email address			

**Section 8 – public liability insurance**

1. Insurance company	
2. Policy number	
3. Period of cover	
4. Amount of cover	£
5. If you do not have public liability insurance in place, please state what steps you are taking to obtain it	

**Section 9 – disqualifications and convictions***(Please tick to confirm)*

<b>ever</b> been <b>disqualified</b> from:	
1. Keeping a pet shop?	<input type="checkbox"/> Yes* / No <input type="checkbox"/>
2. Keeping a dog?	<input type="checkbox"/> Yes* / No <input type="checkbox"/>
3. Keeping an animal boarding establishment?	<input type="checkbox"/> Yes* / No <input type="checkbox"/>
4. Keeping a riding establishment?	<input type="checkbox"/> Yes* / No <input type="checkbox"/>
5. Having custody of animals?	Yes* / No <input type="checkbox"/>
6. Has the applicant, or any person who will have control or management of the establishment, <b>ever</b> been <b>convicted</b> of any offences under the Animal Welfare	<input type="checkbox"/> Yes* / No <input type="checkbox"/>
7. Has the applicant, or any person who will have control or management of the establishment, <b>ever</b> had a licence <b>refused</b> , <b>revoked</b> or <b>cancelled</b> ?	Yes* / No <input type="checkbox"/>
*If yes to any of these questions please provide details:	

**Section 10 – additional details**

Additional information which is required or may be relevant to the application	
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Section 11 – checklist				(Please tick to confirm)
1. I have read DEFRA's guidance and licence conditions in relation to performing animals.			<input type="checkbox"/> Yes / No	
2. I have made payment by: see page 8	Bank transfer	Card payment <input type="checkbox"/>	Cheque <input type="checkbox"/>	
<b>The following supporting documents are needed as part of your application. You can email these.</b>				
3. I attach a plan of the premises, showing its layout.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
4. A copy of my insurance policy is enclosed.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
5. The operating procedures are provided with this application.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
6. Risk assessments are attached <i>including fire risk assessment</i>			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
7. I have provided written infection control procedures.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
8. Copies of any certificates/qualifications are enclosed.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	
9. Training records and an ongoing training plan are provided.			<input type="checkbox"/> Yes / No <input type="checkbox"/>	

## Section 12 – declaration and signature

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.

Applicant's signature		If unable to provide a digital signature please type name to the right:	
Date		Role in business	

**If a joint application, the below should be signed by the second applicant**

Applicant's signature		If unable to provide a digital signature please type name to the right:	
Date		Role in business	

**Once complete please return this form with the fee of £187\* and supporting documents to [licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk) or:**

Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

\* Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6) or in person at the address above. If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the details below:

**Account name:** West Lindsey District Council

**Sort code:** 30-00-02

**Account number:** 04066818

**Ref:** LIC + (your surname)

**Amount:** £187

*For office use: payment code 6007-40103-41162*

**Privacy Notice:** We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: [www.west-lindsey.gov.uk/licensing-privacy/](http://www.west-lindsey.gov.uk/licensing-privacy/).

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