

# Wiltshire Council



Where everybody matters

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

### RENEWAL APPLICATION FOR A LICENCE TO SELL ANIMALS

APPLICANT DETAILS		
<b>(Applicant must be the individual(s) who will carry on the licensable activity)</b>		
To be completed in <b>BLACK</b> ink		* Please delete as appropriate –
Full Name of Applicant(s)	Please indicate title (i.e. Mr, Mrs, Miss, Ms etc.)	
Address of Applicant(s)	Postcode  We will use this address for correspondence unless you say otherwise	
Date of Birth for each Applicant		
Contact Numbers for Applicant(s)	Landline  Mobile	
Email Address for Applicant(s)		
	<b>YES</b>	<b>NO</b>
Has the applicant(s), or any person who will have control or management of the establishment, ever been disqualified from keeping a pet shop, keeping a dog, keeping an animal boarding establishment, keeping a riding establishment or from having custody of animals?		
Has the applicant(s), 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(s), 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:-

Have there been any significant changes since initial application? If yes, please provide details:-

**YES**

**NO**

Is your business certified by a UKAS-accredited body with 3 or more years of compliance history?

Do you have three or more years of compliance history with a Local Authority?

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:-

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?		
Which type of business is to be operated?	<b>YES</b>	<b>NO</b>
Pet Shop		
Home Sales		
Wholesales		
Third Party Sales		
Hobby Sales (Pet Fairs)		
Sale of animals to the public as pest by means of a fixed donation		
If other then please state: _____		
<b>ACCOMMODATION AND FACILITIES</b>		
Number and size of rooms to be used		
Heating arrangements		
Method of ventilation for the premises		
Lighting arrangements (natural & artificial)		
Water supply		
Facilities for food storage & 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 case of fire	
Do you keep and maintain a register of animals?	

### ANIMALS TO BE SOLD

Please complete the boxes below for each type of animal to be sold

Type	Maximum Number	Details of Accommodation and Size	Age at which to be sold
Dogs/Puppies			
Cats/Kittens			
Chipmunks			
Rabbits & Cavies			
Hamsters			
Rats, Mice & Gerbils			
Larger Domesticated Animals (i.e. goats, pot-bellied pigs)			
Primates e.g. Marmosets			
Parrots, Parakeets and Macaws			
Pigeons			

Other large birds (please specify)			
Budgerigars, Finches and other small birds			
Tortoises			
Snakes and Lizards			
Tropical Fish			
Marine Fish			
Cold Water Fish			
Any other species (please specify)			

**MANAGEMENT OF THE PREMISES**

When the premises are closed what arrangements are in place to ensure the welfare of animals?	
What are the arrangements in the event of an emergency?	
Does the applicant have any training certificates	

or qualifications?  Please provide details. State "none" if that is the case.	
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Please provide details of relevant experience	
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<b>VETERINARY SURGEON</b>
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Name of usual veterinary surgeon	
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Company Name	
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Full Address	
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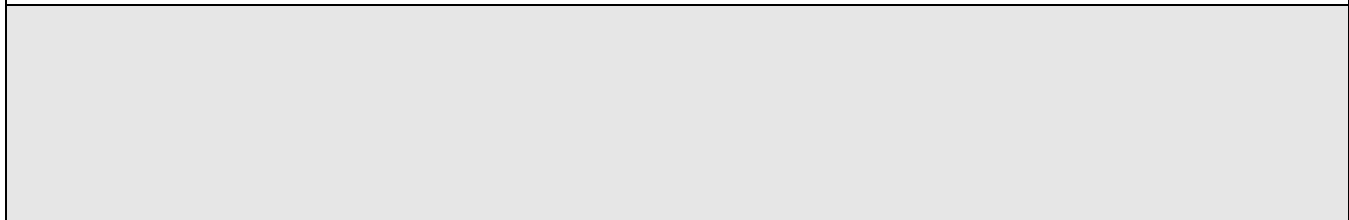
Telephone Number	
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Email address	
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<b>EMERGENCY KEY HOLDER</b>
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Please provide details of your emergency key holder?
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Name
Position / Job Title:
Address:
Postcode:
Daytime Telephone No:
Evening / Other Telephone No:
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

**Who will control my data?** The Data Controller for all the information you provide on this form, together with any supporting information or documents requested as part of the application process, is Wiltshire Council, County Hall, Bythesea Road, Trowbridge, BA14 8JN.

**If there is something you don't understand.** Please contact the Licensing Team on 01249 706555 or by emailing [publicprotectionnorth@wiltshire.gov.uk](mailto:publicprotectionnorth@wiltshire.gov.uk)

**Who else will we share your information with?** We will only use this information in conjunction with your application and any licence issued. This may include checks with a Veterinary Surgeon / Practitioner, DEFRA, RSPCA, UKAS-accredited body, Planning Service, Trading Standards, Animal Welfare and Legal Team and referral to the Council's Licensing Committee.

**How long will we keep this information for?** Your information will be kept for 3 years from the date you last accessed the service or 3 years after any licence issued ceases to have effect.

**What are my data rights?** Your personal information belongs to you and you have the right to:

- be informed of how we will process it
- request a copy of what we hold about you and in commonly used electronic format if you wish (if you provided this to us electronically for automated processing, we will return it in the same way)
- have it amended if it's incorrect or incomplete
- have it deleted (where we do not have a legal requirement to retain it)
- withdraw your consent if you no longer wish us to process
- restrict how we process it
- object to us using it for marketing or research purposes
- object to us using it in relation to a legal task or in the exercise of an official authority
- request that a person reviews an automated decision where it has had an adverse effect on you

### **How do I exercise these rights?**

If you would like to access any of the information we hold about you or have concerns regarding the way we have processed your information, please contact:-

Information Governance Team, Corporate Services & Digital, Wiltshire Council, County Hall, Trowbridge, Wiltshire, BA14 8JN.

Tel: 01225 713646 Email: [dataprotection@wiltshire.gov.uk](mailto:dataprotection@wiltshire.gov.uk)



## 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 agree for photographs to be taken as part of the inspection process

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	
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**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 )**
- **Audit form (if one available)**

**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 with three or more years compliance history**

Please send your application and supporting information (together with the application fee) to the following address:

Public Protection - Licensing  
Wiltshire Council  
Monkton Park  
Chippenham  
SN15 1ER

Alternatively you can submit your application via email to [publicprotectionnorth@wiltshire.gov.uk](mailto:publicprotectionnorth@wiltshire.gov.uk)

Please read the information on fees carefully, especially if you are applying for more than one animal activity. Information on fees and charges can be found on the Wiltshire Council website. Any cheques must be made payable to "Wiltshire Council".

Alternatively do you want us to call you to take a telephone payment by Debit/Credit Card?  
YES / NO Please circle /delete as appropriate.

Tel: 01249 706555