

Animal Boarding Establishments Act 1963
APPLICATION FOR A LICENCE TO KEEP AN ANIMAL BOARDING ESTABLISHMENT

*Please complete the application form in **BLOCK CAPITALS***

Full Name of Applicant:	
Name of Business:	
Home Address:	
Post code:	Telephone No:

Is the person applying for a licence the owner of the business operating at the premises for which a Licence is being applied? YES / NO. <i>If "NO" give:</i>	
Full Name of Owner of Business:	
Home Address:	
Post code:	Telephone No:

Name of person who will manage or control the establishment.
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	Number of CAT units	Numbering (ie 1-4, 5A etc)	For Office Use Only	Number of DOG units	Numbering (ie 4-11, 12D etc)
Single					
Double					
Family				Not applicable	
Holding					
Isolation					

<p>Have you, or any of your employees or other persons who will work on the premises for which a licence has been applied, been convicted of an offence relating to ill-treating, cruelty to or causing suffering to an animal? YES / NO. <i>If "Yes" give details on a separate sheet</i></p> <p>Are you, or any of your employees or other persons who will work on the premises for which a licence has been applied:</p> <p>a) disqualified from keeping a pet shop, an animal boarding establishment, or a dog breeding establishment?</p> <p>b) disqualified from keeping or having custody of any type of animal?</p> <p>YES / NO. <i>If "Yes" give details on a separate sheet.</i></p>

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For Office Use Only

Receipt: Telephone Payment reference: AB /20	Licence:	Date Issued:	Your Ref: AB
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- ❖ I/We hereby apply for a licence to keep an animal boarding establishment at the premises specified above. I/we confirm that I have read a copy of the model standards for boarding establishments and I agree to abide by them.
- ❖ I/we confirm that at no time will the licensed premises or any animal on those premises be left in the charge of a person under 16 years of age.
- ❖ I/We confirm the details contained in the application form are correct to the best of my/our your knowledge
- ❖ I/We confirm that I/we have paid the registration fee by telephone payment **OR**
- ❖ I/We have paid by (insert details here).....(delete as appropriate)

Signature(s) of applicant(s) Date

Name(s) (print)

In what capacity are you applying for a licence? *(eg. Owner of business)*

Please detail a simple line drawing of the establishment. Clearly identify ANY alterations since your last application. Please also indicate clearly single, double, family and isolation units. If no alterations have been made please enter NONE in the box below