



**Environment & Neighbourhoods**  
 Health and Safety Service  
 Millshaw Park Way  
 Churwell  
 Leeds  
 LS11 0LS

**Riding Establishments Acts 1964 and 1970**  
**APPLICATION FOR A LICENCE TO KEEP A RIDING ESTABLISHMENT**

***Please complete the application form in BLOCK CAPITALS and Complete ALL areas in FULL.***

Full Name of Applicant:	Date of Birth:
Home Address:	
Post code:	Telephone No:

<b><u>Premises for which licence applied:</u></b>	<b><u>Name of Person who will Manage or Control the Establishment:</u></b>
Trading Name:	
Address:	
Post code:	<b><u>Date Licence to Commence:</u></b>
Telephone No:	

Is the establishment operative throughout the year? **YES / NO** *If not, state period when normally operative.*

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** *If "NO" give:*

Full Name of Owner of Business:

Home Address:

Post code: Telephone No:

<b>Does the Manager/Controller possess any of these certificates? (Answer "Yes" or "No")</b>	Instructor's Certificate of the British Horse Society	<b>YES / NO</b>
	Assistant Instructor's Certificate of the British Horse Society	<b>YES / NO</b>
	Fellowship of the British Horse Society	<b>YES / NO</b>
	British Horse Society Intermediate Instructor's Certificate	<b>YES / NO</b>

Enclose with Application photocopies of any certificates held.

If none of the above certificates are held give details of experience in the management of horses.

*Continue on additional sheet if necessary*

**For Office Use Only**

Receipt: Telephone reference: RE /20	Payment	Licence:	Date Issued:	Your Ref: RE
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How many horses will be used for the purposes of the Riding Establishments Act?				
Give the names and details of <b>all the horses</b> that will be so used during the period of the licence.	Name of horse	Colour	Sex	Height
Continue on the back sheet if necessary				

Accommodation and Facilities			
Stalls (give number)		Covered yard (give dimensions)	
Horse boxes (give number)		Storage for equipment & saddlery	YES / NO
Is land available for: Grazing Exercise	YES / NO	Storage for forage & bedding	YES / NO
	YES / NO	Adequate supply of fresh water and watering facilities	YES / NO
Facilities for instruction or demonstration riding YES / NO <i>If "YES" give details</i>			

Fire and Emergencies
Will there be a responsible person living on the premises? YES / NO. <i>If "NO" what will the arrangements be in case of fire or emergency?</i>
What will be the arrangements for the protection of horses in the event of fire?
Give name and address of usual veterinary surgeon/practitioner:

Have you, or any of your employees or other persons who will work on the premises for which a licence has been applied, <b>ever</b> been convicted of an offence relating to <b>ill-treating, cruelty to or causing suffering to <u>any</u> animal?</b> YES / NO. <i>If "Yes" give details below.</i>
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**Are you, or any of your employees or other persons who will work on the premises** for which a licence has been applied:

- a) disqualified from keeping a riding establishment, a pet shop, an animal boarding establishment, or a dog breeding establishment?
- b) disqualified from keeping or having custody of any type of animal?

**YES / NO.** *If "Yes" give details over the page..*

*Continue on additional sheet if necessary*

- ◆ I/We hereby apply for a licence to keep a riding establishment at the premises specified above.
- ◆ I/We have enclosed proof of public liability insurance which :
  - a) insures me/us against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding;
  - b) insures me/us against liability arising out of such hire or use of a horse; and
  - c) insures such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or derived from, such hire or use.
- ◆ I/we understand that I/we will also have to pay the cost of a veterinary inspection of the premises and horses.
- ◆ I/we confirm that at no time will the licensed premises or the business carried on the licensed premises be left in the charge of a person under 16 years of age.
- ◆ I/we declare the details contained in the application form are correct to the best of my/our 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:**

**Print Name(s)**

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