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

**Part 2**

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

Please complete all the questions in the form. The fields will expand as you type.

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

|  |  |
| --- | --- |
| **1** | **Type of Business** |
| 1.1 | Pet Shop |  |
| 1.2 | Home Sales |  |
| 1.3 | Internet Sales |  |
| 1.4 | Wholesale |  |
| 1.5 | Third Party Sales |  |
| 1.6 | Hobby Sales |  |
| 1.7 | Sale of animals to the public as pets by means of a fixed or minimum donation. |  |
| 1.8 | Other please state  |  |

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| **2** | **Type of Application** |
| 2.1 | Type of Application | New |  | Renewal |  | **If new, go to 2.3** |
| 2.2 | Existing licence number under previous licensing legislation |  |
| **2b** | **Further details about the applicant** |
| 2.3 | Do you have any training certificates or qualifications? | **Yes / No** | **If no, go to 2.5** |
| 2.4 | Please provide details of training certificates and qualifications, enclose a copy of your certificate(s) |  |
| 2.5 | Please provide details of relevant experience |  |

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| **3** | **Premises to be licensed**  |
| 3.1 | Name of premises/trading name |  |
| 3.2 | Address of premises |  |
| 3.3 | Telephone number of premises |  |
| 3.4 | Email address |  |
| 3.5 | Do you have planning permission for this business use. | **Yes/No** |

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| **4** | **Accommodation and facilities** |
| 4.1 | Number and size of rooms to be used |  |
| 4.2 | Heating arrangements |  |
| 4.3 | Method of ventilation of premises |  |
| 4.4 | Lighting arrangements (natural & artificial) |  |
| 4.5 | Water supply |  |
| 4.6 | Facilities for food storage & preparation |  |
| 4.7 | Arrangements for disposal of excreta, bedding and other waste material |  |
| 4.8 | Isolation facilities for the control of infectious diseases |  |
| 4.9 | Fire precautions/equipment and arrangements in the case of fire |  |
| 4.10 | Do you keep and maintain a register of animals? | Yes / No |  |
| 4.11 | When the premises are closed what arrangements are in place to ensure the welfare of animals? |  |

| **5** | **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** |
| 5.1 | Dogs / puppies | **Yes/No** |  |  |  |
| 5.2 | Cats /kittens | **Yes/No** |  |  |  |
| 5.3 | Chipmunks | **Yes/No** |  |  |  |
| 5.4 | Rabbits & cavies | **Yes/No** |  |  |  |
| 5.5 | Hamsters | **Yes/No** |  |  |  |
| 5.6 | Rats, mice & gerbils | **Yes/No** |  |  |  |
| 5.7 | Larger domesticated mammals, e.g. goats, pot-bellied pigs | **Yes/No** |  |  |  |
| 5.8 | Primates e.g. marmosets | **Yes/No** |  |  |  |
| 5.9 | Parrots, parakeets and macaws | **Yes/No** |  |  |  |
| 5.10 | Pigeons | **Yes/No** |  |  |  |
| 5.11 | Other large birds (please specify) | **Yes/No** |  |  |  |
| 5.12 | Budgerigars, finches and other small birds | **Yes/No** |  |  |  |
| 5.13 | Tortoises | **Yes/No** |  |  |  |
| 5.14 | Snakes and lizards | **Yes/No** |  |  |  |
| 5.15 | Tropical fish | **Yes/No** |  |  |  |
| 5.16 | Marine fish | **Yes/No** |  |  |  |
| 5.17 | Cold water fish | **Yes/No** |  |  |  |
| 5.18 | Any other species (please specify) | **Yes/No** |  |  |  |

| **6** | **Veterinary surgeon for the business** |
| --- | --- |
| 6.1 | Name of usual veterinary surgeon |  |
| 6.2 | Company name |  |
| 6.3 | Address |  |
| 6.4 | Telephone number |  |
| 6.5 | Email address |  |

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| **8a** | **Emergency key holder** |
| 8.1 | Do you have an emergency key holder? | **Yes/No** |
| 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 no, go to 9.1** |
| **8b** | **Emergency key holder 2** |
| 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 |  |

| **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,  |  |

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| **10** | **Accreditation** |
| 10.1 | Is your business certified by a UKAS accredited Body? | **Yes/No** |  |
| 10.2 | Please provide details of the accreditation including date when the accreditation commenced, standard achievedlast inspection date.  |  |

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| **11** | **Business marketing** |
| 11.1 | Do you advertise your business? | **Yes/No** | If Yes please go to Q 9.2 |
| 11.2 | Please provide details where you advertise your business activities. e.g. website, websites used, Apps used, newspapers, publication advertising |  |

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| **Declaration:** I confirm that the information provided in Part 2 of the application form is correct.  |
| **Applicant Signature:**  |

**Please now complete the appropriate Part 2 form for any other licensing activity you are applying for, or go on to the final form - Part 3**