

Official use only:	Date received
Payment received	Case Ref:



APPLICATION TO REGISTER FOR THE EXHIBITION / ENCOUNTERS OR TRAINING OF PERFORMING ANIMALS
THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) REGULATIONS 2018

Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'. Before completing the form you may wish to refer to the application guidance notes for new applications which can be found on the Councils website.

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Section 1 – Standard Applicant Profile Section

1 Agent

1.1	Are you an agent acting on behalf of the applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If not go to section 2
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1b Further information about the Agent

1.2	Name	
1.3	Address	
1.4	Email	
1.5	Contact telephone number(s)	

2 Applicant details (this will be the named licence holder on the licence)

2.1	Name	
2.2	Address	
2.3	Email	
2.4	Contact telephone number(s)	

3 Applicant Business (a licence will only be issued to an individual)

3.1	Is your company registered with companies house	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no go to 3.3
3.2	Registration Number					
3.3	Is your business registered outside the UK					
3.4	VAT Number					
3.5	Legal status of the business					
3.6	Your position in the business					
3.7	The country where your head office is located.					

3b Business Address – This should be your official address – The address required of you by law to receive all communication	
3.8	

Section 2 – Applicant Details

1 Type of business/performance (please tick)	
1.1	TV/Film/Social Media
1.2	Theatre
1.3	Circus using domestic animals
1.4	Exhibiting Animals
1.5	Animal Encounters
1.6	Birds of Prey shows/exhibits
1.7	Other please state

2 Application Details			
2.1	Have you been registered/licenced before	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no go to 2b
2.2	Local Authority where registered/licenced		
2.3	Give details of registration e.g. type and numbers of animals, type of performance or exhibition.		

2b Further information about the applicant	
2.3	Stage name (if any)
2.4	Nationality
2.5	Date of birth

3 Animals to be trained	
3.1	Name of premises/trading name
3.2	Address of premises
3.3	Telephone number of premises
3.4	Email address

4 Kinds of animal to be trained and the number of each kind			
4.1	Kind of animal		
4.2.	Number		
4.3	Add another kind of Animal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, repeat 4.1 to 4.2

5 Kinds of animal to be exhibited/Encounter and the number of each kind			
5.1	Kind of animal		
5.2.	Number		
5.3	Add another kind of Animal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, repeat 5.1 to 5.2

6 Proposed Performance or Encounter		
6.1	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.	
6.2.	Approximate duration of the performance (s)	
6.3	Number of times the performance will be given in one day.	
6.4	How will the animals be transported	
6.5	Where are the animals to be kept when not performing or being exhibited?	

7 Veterinary surgeon		
7.1	Name of usual veterinary surgeon	
7.2	Company name	
7.3	Address	
7.4	Telephone number	
7.5	Email address	

8 Emergency key holder				
8	Do you have an emergency key holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, go to 9.1
8.1	Name			
8.2	Position/job title			
8.3	Address			
8.4	Contact telephone number(s)			
8.5	Email address			
8.6	Add another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, 8.1 to 8.5 will be repeated

9 Public liability insurance				
9.1	Do you have public liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, go to question 9.6
If yes, please provide details of the policy				
9.2	Insurance company			
9.3	Policy number			
9.4	Period of cover			
9.5	Amount of cover (£m)			
9.6	Please state what steps you are taking to obtain such insurance			

7 Disqualifications and convictions**Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:**

7.1	Keeping a pet shop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.2	Keeping a dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3	Keeping an animal boarding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.4	Keeping a riding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.5	Having custody of animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.6	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 <input type="checkbox"/>	No <input type="checkbox"/>
7.7	Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.8	If yes to any of these questions, please provide details,		

8 Additional details

Please check local guidance notes and conditions for any additional information which may be required

8.1	Additional information which is required or may be relevant to the application		
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Section 3 – Declaration Section

1 Model Licence Conditions & Guidance

All applicants to tick that they have read the applicable model licence conditions & guidance

1.3	Performing animals	<input type="checkbox"/>
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2 Additional Information

Please attach the following Information

2.1	A plan of the premises	<input type="checkbox"/>
2.3	Insurance policy	<input type="checkbox"/>
2.4	Operating procedures	<input type="checkbox"/>
2.5	Risk Assessments (including Fire)	<input type="checkbox"/>
2.6	Infection control procedure	<input type="checkbox"/>
2.7	Qualifications	<input type="checkbox"/>
2.8	Training records	<input type="checkbox"/>

3 Declaration

3.1	This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.	
3.2	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.	
3.3	Ticking this box indicates you have read and understood the above declaration	<input type="checkbox"/>
3.4	Full Name	
3.5	Capacity	
3.6	Date	

Section 4 – Payment Details

Freedom of information

The Freedom of Information Act gives people the right to obtain information held by public authorities unless there are good reasons to keep it confidential. Please be aware that information supplied on this form may be released in response to a freedom of information request. To comply with financial regulations, details of license holders may also be disclosed to authorise Government agencies.


London Borough of Sutton applicants:


The completed application should be sent to:-


London Borough of Sutton, Licensing Team, 24 Denmark Road, Carshalton, SM5 2JG.

Alternatively you can send a scanned PDF copy of your application to licensing@sutton.gov.uk

The following Payment Options are available:

 **Online:** Debit and Credit Card payments can be made using our online payment facility at https://www.sutton.gov.uk/info/200466/pay_for_it

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8770 5000, selecting options 5 then 2

 **Post:** Cheques or postal orders should be made payable to 'Sutton Council'

Please note any statutory consultation periods will not commence until payment has been made and we have received your application form. It is your responsibility to contact us if you experience a problem in paying for your application.


Royal Borough of Kingston upon Thames applicants:


The completed application should be sent to:-

Royal Borough of Kingston upon Thames, Licensing Team, Guildhall 2, High Street, Kingston, KT1 1EU.

Alternatively you can send a scanned PDF copy of your application to licensing@sutton.gov.uk

The following Payment Options are available:

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8547 5080

 **Post:** Cheques or postal orders should be made payable to 'Kingston Council'

If you wish to pay in this way, give clear telephone contact details on the top of the application form or in a covering letter. We will then contact you once we have received your form.