

Official use only:	Date received
Payment received	Case Ref:



**APPLICATION FOR A LICENCE TO OPERATE A RIDING ESTABLISHMENT
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 web site.

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
-----	---	-----	--------------------------	----	--------------------------	------------------------

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 – Application Details

1 Type of Application	
1.1	Type of Application New <input type="checkbox"/> Renewal <input type="checkbox"/> If new, go to 1.3
1.2	Existing licence number
Further information about the applicant	
1.3	Date of birth

2 Premises to be licensed	
2.1	Name of premises/trading name
2.2	Address of premises
2.3	Telephone number of premises
2.4	Email address
2.5	Is the establishment open throughout the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
	When is it normally open?
2.5	Do you have planning permission for this business use? Yes <input type="checkbox"/> No <input type="checkbox"/>

3 Accommodation and facilities (continue on a separate sheet if necessary)	
Please describe the accommodation available for horses:	
3.1	Stalls (please give the number)
3.2	Boxes (please give the number)
3.3	Covered yard (please give dimensions)
3.4	Open yard (please give dimensions)
Please describe the land available for:	
3.5	Grazing
3.6	Instructing or demonstrating
3.7	Exercise
Please describe the accommodation available for:	
3.8	Forage and bedding
3.9	Equipment and saddlery
Please describe the arrangements in place for:	
3.10	Water supply and watering horses
3.11	Disposal of animal waste
3.12	Protection of horses in event of a fire, and fire precautions

4 Horses			
4.1	How many horses are kept under the terms of the Act at the present time?		
4.2	How many horses is it intended to keep under the terms of the Act during the year?		
Please provide details of all the horses currently kept			
4.3	Name of horse		
4.4	Description including size		
4.5	Sex		
4.6	Age		
4.7	Horse passport number		
4.8	Purpose for which horse is kept		
4.9	Age range of people who ride this horse		
4.10	Add another horse?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, repeat 4.3 to 4.9 on a separate sheet

5 Management of the establishment			
5.1	Name & Address of the manager/person with direct control of the establishment		
5.2	Does the manager have any of the following certificates? (tick all that apply)		
	Assistant Instructor's Certificate of the British Horse Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Intermediate Instructor's Certificate of the British Horse Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Instructor's Certificate of the British Horse Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fellowship of the British Horse Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fellowship of the Institute of the Horse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	None of the above	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.3	Please give details of the manager's experience in the management of horses		
5.4	Does a responsible person live at the establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.5	What are the arrangements in the event of an emergency?		
5.6	Will a person who is under 16 years of age be left in charge of the establishment at any time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.7	Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6 Veterinary surgeon		
6.1	Name of usual veterinary surgeon	
6.2	Company name	
6.3	Address	
6.4	Telephone number	
6.5	Email address	

7 Public liability insurance			
7.1	Do you have public liability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, go to question 7.9
If yes, please provide details of the policy			
7.2	Insurance company		
7.3	Policy number		
7.4	Period of cover		
7.5	Amount of cover (£m)		
Does this policy:			
7.6	Insure 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 instruction in riding, provided by you in return for payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes to all, go to 8.1
7.7	Insure against liability arising out of such hire or use of a horse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.8	Insure 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 arising from, such hire or use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.9	Please state what steps you are taking to obtain such insurance?		

8 Disqualifications and convictions			
Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:			
8.1	Keeping a pet shop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2	Keeping a dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.3	Keeping an animal boarding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.4	Keeping a riding establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.5	Having custody of animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.6	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"/>
8.7	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"/>

8 Disqualifications and convictions	
8.8	If yes to any of these questions, please provide details,

9 Additional details	
Additional information which may be relevant to the application	

Section 3 – Declaration Section

1 Model Licence Conditions & Guidance	
All applicants to tick that they have read the applicable model licence conditions & guidance	
1.1	Riding Establishments <input type="checkbox"/>

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, Civic Offices, St Nicholas Way, Sutton SM1 1EA.

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.

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.