

Where everybody matters

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

APPLICATION FOR A LICENCE TO HIRE OUT HORSES

	APPLICANT DETAILS		
(Applicant must be	the individual(s) who will carry on the	licensable a	ctivity)
To be completed in BLAC	K ink * Please delete a	as appropriate	e –
Full Name of Applicant	Please indicate title (i.e. Mr, Mrs, Miss,	Ms etc.)	
Address of Applicant			
	Postcode		
Email Address for Applicant			
Contact Numbers for Applicant(s)	Landline		
Αμμιταιτί(3)	Mobile		
Date of Birth for			
Applicant			
		YES	NO
management of the estab from keeping a pet shop,	ny person who will have control or olishment, ever been disqualified keeping a dog, keeping an animal keeping a riding establishment or himals?		
Has the applicant(s), or an	y person who will have control or ishment, been convicted of any		
offences under the Animal	Welfare Act 2006?		
	y person who will have control or		
management of the estable revoked or cancelled?	shment, ever had a licence refused,		
If Yes, to any of the above	then please provide details:-		

		YES	NO
, ,	sent for business use? If no, please partment whether it is required.		
Is your business certified be more years of compliance			
Do you have three or more Local Authority?	years of compliance history with a		
Do you have public liability	insurance?		
If NO please state what ste	eps you are taking to obtain such insuran	ce.	
If YES please provide the find Policy Number:-	following details:-		
Period of Cover:-			
Amount of Cover:-			
Does this policy:-	YES	NO	
Insure against liability for a horse from you for riding a of receiving instruction in ripayment?			
Insure against liability arisi			
Insure such hirers or users incurred by them in respectarising from, such hire or users.			
Please give any dates over the next 10 weeks when the premises will not be available for inspection.			
	PREMISES TO BE LICENSED		
Name of Business / Trading Name (if any)			
Address of Premises to be licensed (if different to applicant details)			
	Postcode		
Premises Contact			

Numbers (if different to	Landline
applicant details)	
	Mobile
Premises / Business	
Email (if different to	
applicant details)	
Website Address for	
Premises / Business	
Tremises / Business	
Will the premises be	Please provide details
operative throughout the	
year?	
What are the enemine	
What are the opening	
times of the premises?	
	ACCOMMODATION AND FACILITIES
How many horses are	
kept under the terms of	
the Act at the premises	
at the present time?	
How many horses is it	
intended to keep under	
the terms of the Act	
during the year time?	
Please describe the accord	nmodation available for horses:-
Stalls - please give the	
number	
Boxes - please give the	
number	
Covered yard – please	
give dimensions	
Open Yard - please give	
dimensions	
	<u></u>
Please describe the land a	available for:-
Grazing	
la storation of the	
Instruction and	
demonstration	

Exercise	
Please describe the accom	modation available for:-
Forage and bedding	
Equipment and saddlery	
Diagon describe the errors	amenta in place for:
Please describe the arrang	ements in place for
Water supply and	
watering horses	
watering norses	
Disposal of animal waste	
Protection of horses in	
event of a fire, and fire	
precautions	
·	
	MANAGEMENT OF THE PREMISES
Please provide the name	MANAGEMENT OF THE PREMISES
Please provide the name	MANAGEMENT OF THE PREMISES
and address of the	MANAGEMENT OF THE PREMISES
and address of the manager/person with	MANAGEMENT OF THE PREMISES
and address of the manager/person with direct control of the	MANAGEMENT OF THE PREMISES
and address of the manager/person with	MANAGEMENT OF THE PREMISES
and address of the manager/person with direct control of the establishment	
and address of the manager/person with direct control of the establishment Does the manager have an	ny of the following certificates? Please tick all that apply:
and address of the manager/person with direct control of the establishment Does the manager have an Assistant Instructor's Certification.	y of the following certificates? Please tick all that apply:
and address of the manager/person with direct control of the establishment Does the manager have ar Assistant Instructor's Certification.	by of the following certificates? Please tick all that apply: icate of the British Horse Society ertificate of the British Horse Society
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and address of the manager/person with direct control of the establishment Does the manager have an Assistant Instructor's Certificate of the Instructor's Certificate of the Fellowship of the British Here Fellowship of the Institute of None of the above Please give details of the manager's experience in the management of horses What are the arrangements in the	ny of the following certificates? Please tick all that apply: icate of the British Horse Society ertificate of the British Horse Society e British Horse Society orse Society

			YES	3	NO
Does a responsible persor	live at the establishment?				
	18 years of age be left in charge	of the			
	sable activities at any time?				
	of 16 years or over) provide ile horses from the establishment	are			
	or are hired out for riding (except i				
	npetent to ride without supervisior				
	EMERGENCY KEY HOLDE	R			
		YI	ES		NO
Do you have an emergence If YES please provide deta					
Name					
Position / Job Title:					
Address:					
Postcode:					
Daytime Telephone No:					
Evening / Other Telephone	e No:				
Email address:					
VETERINARY SURGEON					
Name of usual veterinary surgeon					
Company Name					
Full Address					
Telephone Number					
Email address					
GUII	DANCE AND ADDITIONAL INFO	RMATI	ON		

It is recommended that you read the procedural guidance notes published by the Department for Environment, Food & Rural Affairs (DEFRA) for local authorities. DEFRA has

also published guidance in relation to all licensable activities which includes the conditions of licence that will be imposed if a licence is issued.

The guidance documents can be found by accessing the link below if you have an electronic version of this form, alternatively type the address in the link below into your internet browser. The guidance documents will be useful to applicants and operators as they explain the licensing requirements, conditions of licence, inspection of premises together with information relating to how the star rating and length of licence to be issued will be determined by the Council.

http://www.cfsg.org.uk/_layouts/15/start.aspx#/SitePages/Legislation%20and%20Guidance.aspx

Please provide any additional information which is required or may be relevant to the application

Please read the information below and then proceed to the declaration section and provide any necessary documents.

PRIVACY NOTICE

Who will control my data? The Data Controller for all the information you provide on this form, together with any supporting information or documents requested as part of the application process, is Wiltshire Council, County Hall, Bythesea Road, Trowbridge, BA14 8JN.

If there is something you don't understand. Please contact the Licensing Team on 01249 706555 or by emailing publicprotectionnorth@wiltshire.gov.uk

Who else will we share your information with? We will only use this information in conjunction with your application and any licence issued. This may include checks with a Veterinary Surgeon / Practitioner, DEFRA, RSPCA, UKAS-accredited body, Planning Service, Trading Standards, Animal Welfare and Legal Team and referral to the Council's Licensing Committee.

How long will we keep this information for? Your information will be kept for 3 years from the date you last accessed the service or 3 years after any licence issued ceases to have effect.

What are my data rights? Your personal information belongs to you and you have the right to:

- be informed of how we will process it
- request a copy of what we hold about you and in commonly used electronic format if you wish (if you provided this to us electronically for automated processing, we will return it in the same way)
- have it amended if it's incorrect or incomplete
- have it deleted (where we do not have a legal requirement to retain it)

- withdraw your consent if you no longer wish us to process
- restrict how we process it
- object to us using it for marketing or research purposes
- object to us using it in relation to a legal task or in the exercise of an official authority
- request that a person reviews an automated decision where it has had an adverse effect on you

How do I exercise these rights?

If you would like to access any of the information we hold about you or have concerns regarding the way we have processed your information, please contact:-

Information Governance Team, Corporate Services & Digital, Wiltshire Council, County Hall, Trowbridge, Wiltshire, BA14 8JN

Tel: 01225 713646 Email: dataprotection@wiltshire.gov.uk

DETAILS OF HORSES

	\ \ 1	D : ::	N 4 1 1 1	D 1	T: 1 :C .: 1/
	Name	Description	Microchip Number	Passport	Tick if retired/
		& Size	Number	number	livery and not
				(UELN)	under licence
1					
2					
3					
4					
5					
6					
7					
8					
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15			
16			

DECLARATION

I agree to permit an officer and / or a veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises which are the subject of this application.

I declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.

I also confirm that I read and understand the privacy notice and that I am aware of the provisions of the relevant legislation and the model licence conditions which I will comply with at all times and that I have read and understand the privacy notice.

Signature of Applicant

Please attach/provide the following information with your application:

• Layout / outline plan of the premises (unless we have this already and the layout has not changed)

The following may also need to be seen /inspected. It would be helpful to receive them with your application as it may save time later, particularly during the licence inspection:-

- Insurance policy
- Operating procedures
- Risk assessments (including Fire)
- Infection control procedure
- Qualifications
- Training records
- Details /evidence of certification by a UKAS-accredited body with three or more years compliance history

Please send your application and supporting information (together with the application fee) to the following address:

Public Protection - Licensing Wiltshire Council Monkton Park Chippenham SN15 1ER

Alternatively you can submit your application via email to

publicprotectionnorth@wiltshire.gov.uk

Please read the information on fees carefully, especially if you are applying for more than one animal activity. Information on fees and charges can be found on the Wiltshire Council website. Any cheques must be made payable to "Wiltshire Council".

Alternatively do you want us to call you to take a telephone payment by Debit/Credit Card? YES / NO Please circle /delete as appropriate.

Tel: 01249 706555