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

Application to register for the exhibition/encounters or training of performing animals

1	Reference number	

Please complete all the questions in the form. If you have nothing to record, please state "Not applicable" or "None"

Part 1: Applicant Profile

applicant 2b Further information about the Agent 2.2 Name 2.3 Address 2.4 Email 2.5 Main telephone number 2.6 Other telephone number 3 Applicant details 3.1 Name 3.2 Address 3.3 Email 3.4 Main telephone number 3.5 Other telephone number 3.6 Applying as a business or organisation, including a sole trader 3.7 Applying as an individual 4 Applicant Business	2	Agent			-			
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	4.9	Street						
4.11 City or Town	4.10	District						
	4.11	City or Town						

4	Applicant Business				
4.12	County or administrative area				
4.13	Post Code				-
4.14	Country				
	Part 2: Application				
5	Type of business/performance (please	tick)			
5.1	TV/Film/Social Media				
5.2	Theatre				
5.3	Circus using domestic animals				
5.4	Exhibiting Animals				
5.5	Animal Encounters				
5.6	Birds of Prey shows/exhibits				
5.7	Other please state				
6	Application Details				
6.1	Have you been registered/licenced before	yes	No	If no go to 6b	
6.2	Local Authority where registered/licenced				
6.3	Give details of registration e.g type and numbers of animals, type of performance or exhibition.				
6b	Further information about the applicar	nt			
6.4	Stage name (if any)				

6.5

6.6

7

7.1

7.2

7.3

7.4

8 8.1 Nationality

Date of birth

Animals to be trained

Address of premises

Email address

Name of premises/trading name

Telephone number of premises

Kind of animal and numbers

Kinds of animal to be trained and the number of each kind

9	Kinds of animal to be exhibited/Encour	iter and the r	number of each kind	
9.1	Kind of animal & Numbers			
10	Proposed Performance or Encounter			
10.1	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			
10.2.	where these are to take place. Approximate duration of the performance			
	(s)			
10.3	Number of times the performance will be given in one day.			
10.4	How will the animals be transported			
40.0	William and the state of the basis of the state of the st			
10.6	Where are the animals to be kept when not performing or being exhibited.			
	, , ,			
11	Veterinary surgeon			
11.1	Name of usual veterinary surgeon			
11.2	Company name Address			
11.3	Address			
11.4	Telephone Number			
12	Emergency key holder			
12.1	Do you have an emergency key holder?	Yes / No	If no, go to 10.1	
12.2	Name			
12.3	Position/job title			
12.4	Address			
12.5	Daytime telephone number			

12.6	Evening/other telephone number	
12.7	Email address	

13	Public liability insurance			
13.1	Do you have public liability insurance?	Yes / No	If no, go to question 10.6	
	If yes, please provide details of the policy	·	•	
13.2	Insurance company			
13.3	Policy number			
13.4	Period of cover			
13.5	Amount of cover (£m)			
13.6	Please state what steps you are taking to obtain such insurance			

14	Disqualifications and convictions		
	Has the applicant, or any person who will have control or ma disqualified from:	nagement of the establishment, ever been	
14.1	Keeping a pet shop?	Yes/No	
14.2	Keeping a dog?	Yes / No	
14.3	Keeping an animal boarding establishment?	Yes/No	
14.4	Keeping a riding establishment?	Yes/No	
14.5	Having custody of animals?	Yes/No	
14.6	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	
14.7	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	
14.8	If yes to any of these questions, please provide details,		

15	Additional details	
	Please check local guidance notes and conditions for any additional information which may be required	
	Please check local guidance notes and conditions for any additional information which may be required Is there any additional information/notes you would like to add?	

Part 4: Payment and Declaration

1 Payment

Payment must be made at the time of making the application. Application forms may be returned with a cheque payable to Castle Point Borough Council. Payment can also be made by credit/debit card by **telephone 01268 882200 opt 5** and quote **finance code 130 641** (VAT N).

2	Model Licence Conditions & Guidance	
	All applicants to tick that they have read the applicable licence conditions & guidance	

3	Additional Information
	Please attach the following Information and tick to confirm
3.1	A plan of the premises
3.3	Insurance policy
3.4	Operating procedures
3.5	Risk Assessments (including Fire)
3.6	Infection control procedure
3.6	Qualifications
3.7	Training records

4	Declaration	
4.1	This section must be completed by the applicar by the applicant.	t. If you are an agent please ensure this section is completed
4.2		and licence conditions. The details contained in the on are correct to the best of my knowledge and belief.
4.3	Ticking this box indicates you have read and understood the above declaration	
4.4	Full Name	
4.5	Capacity	
4.6	Date	