

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

Application for a licence to operate a dog breeding establishment

Reference number
Your reference Agent Are you an agent acting on behalf of the applicant yes No Further information about the Agent Further information about the Agent Image: Comparison of the applicant of
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Main telephone numberOther telephone numberApplying as a business orYesNo
Other telephone number Applying as a business or Yes
Applying as a business or Yes No
organisation including a sole
trader
Applying as an individual Yes No
Further information about the applicant
Date of birth
Applicant Business
Is your company registered with yes No
companies house
Registration Number
Is your business registered
outside the UK
VAT Number
Legal status of the business
Your position in the business
The country where your head
office is located.
Business Address – This should be your official address – The address required of you
by law to receive all communication
Building name or number
Street
District

City or Town	
County or administrative area	
Post Code	
Country	

Type of Application						
Type of Applic	ation	New		Renewal		
Existing licenc	e number					
Animals to be	accommodated					
Wholly Indoors	Wholly outdo	oors		Combination of and indoors	fout	doors
Breeds of dog	s concerned					
Number of bito	hes kept					
Owned by the applicant	Co owned by applicant	y the	C	On breeding te	erms	
Provide details bitches kept.	s of the ages of					
Number of stu	ds kept					
Owned by the applicant	Co owned by applicant	y the	C	On breeding te	erms	
Provide details studs kept	s of the ages of the					
Further inform	nation about the ap	plicant				
Date of birth						

Premises to be licensed		
Name of premises/trading name		
Address of premises		
Telephone number of premises		
Email address		
Do you have planning permission for this business use.	Yes/No	

Accommodation and facilities	
Details of the quarters used to	
accommodate animals, including	
number, size and type of	
construction	
Exercise facilities and	
arrangements	
Heating arrangements:	
Method of ventilation of premises	
Lighting arrangements (natural &	
artificial)	
Water supply	

Accommodation and facilities		
Facilities for food storage &		
preparation		
Arrangements for disposal of excreta, bedding and other waste material		
Isolation facilities for the control of infectious diseases		
Fire precautions/equipment and arrangements in the case of fire		
Do you keep and maintain a register of animals?	Yes/No	
How do you propose to minimise disturbance from noise?		

Veterinary surgeon	
Name of usual veterinary surgeon	
Company name	
Address	
Telephone number	
Email address	

Emergency key holder		
Do you have an emergency key holder?	Yes / No	
Name		
Position/job title		
Address		
Daytime telephone number		
Evening/other telephone number		
Email address		
Add another person?	Yes / No	

Public liability insurance		
Do you have public liability insurance?	Yes / No	
If yes, please provide details of the policy		
Insurance company		
Policy number		
Period of cover		
Amount of cover (£m)		
Please state what steps you are taking to obtain such insurance		

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

Disqualifications and convictions	
Keeping a pet shop?	Yes/No
Keeping a dog?	Yes / No
Keeping an animal boarding establishment?	Yes/No
Keeping a riding establishment?	Yes/No
Having custody of animals?	Yes/No
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
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
If yes to any of these questions, please provide details,	

Additional details		
Please check local guidance notes and conditions for any additional information which may be required		
Additional information which is required or may be relevant to the application		

Payment Payment must be made at the time of making the application

Model Licence Conditions & Guidance All applicants to tick that they have read the applicable model licence conditions & guidance	
Pet Vending	
Animal Boarding	
Performing Animals	
Riding Establishments	
The Breeding and Sale of Dogs	

Additional Information		
Please attach the following Information		
A plan of the premises		
Insurance policy		
Operating procedures		
Risk Assessments (including		
Fire)		
Infection control procedure		
Qualifications		

Additional Information	
Training records	

Declaration		
This section must be completed by the applicant. If you are an agent please ensure		
this section is completed by the applicant.		
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.		
Ticking this box indicates you		
have read and understood the		
above declaration		
Full Name		
Capacity		
Date		