

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

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

1	Standard applicant profile section	
----------	---	--

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

2	Type of business/performance (please tick)	
2.1	TV/Film/Social Media	
2.2	Theatre	
2.3	Circus using domestic animals	
2.4	Exhibiting Animals	
2.5	Animal Encounters	
2.6	Birds of Prey shows/exhibits	
2.7	Other please state	

3	Application Details				
3.1	Have you been registered/licenced before	yes		No	If no go to 2b
3.2	Local Authority where registered/licenced				
3.3	Give details of registration e.g type and numbers of animals, type of performance or exhibition.				
3b	Further information about the applicant				
3.3	Stage name (if any)				
3.4	Nationality				
3.5	Date of birth				

4	Animals to be trained		
4.1	Name of premises/trading name		
4.2	Address of premises		
4.3	Telephone number of premises		
4.4	Email address		

5	Kinds of animal to be trained and the number of each kind		
5.1	Kind of animal		
5.2.	Number		

6		Kinds of animal to be exhibited/Encounter and the number of each kind	
6.1	Kind of animal		
6.2.	Number		

7		Proposed Performance or Encounter	
7.1	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.		
7.2.	Approximate duration of the performance(s)		
7.3	Number of times the performance will be given in one day.		
7.4	How will the animals be transported		
7.6	Where are the animals to be kept when not performing or being exhibited.		

8		Veterinary surgeon	
8.1	Name of usual veterinary surgeon		
8.2	Company name		
8.3	Address		
8.4	Telephone number		
8.5	Email address		

9		Emergency key holder	
9.1	Do you have an emergency key holder?	Yes / No	
9.2	Name		
9.3	Position/job title		
9.4	Address		
9.5	Daytime telephone number		
9.6	Evening/other telephone number		
9.7	Email address		

10	Public liability insurance			
10.1	Do you have public liability insurance?	Yes / No	If no, go to question 9.6	
	If yes, please provide details of the policy			
10.2	Insurance company			
10.3	Policy number			
10.4	Period of cover			
10.5	Amount of cover (£m)			
10.6	Please state what steps you are taking to obtain such insurance			

11	Disqualifications and convictions			
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:			
11.1	Keeping a pet shop?	Yes/No		
11.2	Keeping a dog?	Yes / No		
11.3	Keeping an animal boarding establishment?	Yes/No		
11.4	Keeping a riding establishment?	Yes/No		
11.5	Having custody of animals?	Yes/No		
11.6	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		
11.7	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		
11.8	If yes to any of these questions, please provide details,			

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

13	Standard declaration and signature section			
13.1	Payment			
	Payment must be made at the time of making the application			

13.2	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			

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

13.4	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	
	Signature	
	Date	