

Application for a licence to breed dogs

Section 2

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

1a	Type of Application					
1.1	Type of Application	<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
1.2	Existing licence number					
1b	Animals to be accommodated					
1.3	Wholly indoors	<input type="checkbox"/>	Wholly outdoors	<input type="checkbox"/>	Combination of outdoors and indoors	<input type="checkbox"/>
1.4	Breeds of dogs concerned					
1.5	Number of bitches kept					
1.6	Owned by the applicant	<input type="checkbox"/>	Co owned by the applicant	<input type="checkbox"/>	On breeding terms	<input type="checkbox"/>
1.7	Provide details of the ages of bitches kept.					
1.8	Number of studs kept					
1.9	Owned by the applicant	<input type="checkbox"/>	Co owned by the applicant	<input type="checkbox"/>	On breeding terms	<input type="checkbox"/>
1.10	Provide details of the ages of the studs kept					
1c	Further information about the applicant					
1.11	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	Do you have planning permission for this business use.	Yes/No

3	Accommodation and facilities	
3.1	Details of the quarters used to accommodate animals, including number, size and type of construction	
3.2.	Exercise facilities and arrangements	
3.3	Heating arrangements:	
3.4	Method of ventilation of premises	
3.5	Lighting arrangements (natural & artificial)	
3.6	Water supply	
3.7	Facilities for food storage & preparation	
3.8	Arrangements for disposal of excreta, bedding and other waste material	

3	Accommodation and facilities	
3.9	Isolation facilities for the control of infectious diseases	
3.10	Fire precautions/equipment and arrangements in the case of fire	
3.11	Do you keep and maintain a register of animals?	Yes/No
3.12	How do you propose to minimise disturbance from noise?	

4	Veterinary surgeon	
4.1	Name of usual veterinary surgeon	
4.2	Company name	
4.3	Address	
4.4	Telephone number	
4.5	Email address	

5a	Emergency key holder	
5.1	Do you have an emergency key holder?	Yes/No
		If no, go to 6.1
5.2	Name	
5.3	Position/job title	
5.4	Address	
5.5	Daytime telephone number	
5.6	Evening/other telephone number	
5.7	Email address	
5.8	Add another person?	Yes/No
		If no, go to 6.1
5b	Emergency key holder 2	
5.9	Do you have an emergency key holder?	Yes/No
		If no, go to 6.1
5.10	Name	
5.11	Position/job title	
5.12	Address	
5.13	Daytime telephone number	
5.14	Evening/other telephone number	
5.15	Email address	

6	Public liability insurance	
6.1	Do you have public liability insurance?	Yes/No
		If no, go to 6.6
6.2	Please provide details of the policy	
6.2	Insurance company	
6.3	Policy number	
6.4	Period of cover	
6.5	Amount of cover (£)	
6.6	Please state what steps you are taking to obtain such insurance	

7	Disqualifications and convictions	
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:	
7.1	Keeping a pet shop?	Yes/No
7.2	Keeping a dog?	Yes/No

7 Disqualifications and convictions		
7.3	Keeping an animal boarding establishment?	Yes/No
7.4	Keeping a riding establishment?	Yes/No
7.5	Having custody of animals?	Yes/No
7.6	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
7.7	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
7.8	If yes to any of these questions, please provide details,	

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