

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

Section 1 – Applicant Details	
First Name:	Date of Birth:
Surname:	
Email Address:	
Main Telephone Number:	
Mobile Number:	
<b>Are you:</b> (please tick as appropriate)	
<input type="checkbox"/> Applying as a business or organisation, including a sole trader <input type="checkbox"/> Applying as an individual	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Is your business registered in the UK with Companies House?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number:	
Is your business registered outside the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:	If your business is registered, use its registered name. Put "None" if you are not registered for VAT.
VAT Number:	
Legal Status:	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Charity or Association <input type="checkbox"/> Public Body
Your position in the business:	
<b>Business Address:</b>	<i>(If you have one, this should be your official address – this is an address required of you by law for receiving communications.)</i>
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	

<b>Section 2 – Application Details</b>	
Type of Application: <i>(Please tick as appropriate)</i>	<input type="checkbox"/> New <span style="margin-left: 150px;"><input type="checkbox"/> Renewal</span>
Existing Licence Number:	

<b>Section 3 – Establishment to be Licenced</b>	
Name of Premises/Trading Name:	
<b><u>Address:</u></b> Is this address the same as the address given in Section One?  <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	If "No" enter details below.
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
<b><u>Contact Details:</u></b> Are the contact details the same as those given in Section One?  <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	If "No" to enter details below.
Email Address:	
Main Telephone Number:	
Mobile Number:	
Is the establishment open throughout the year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
When is it normally open?	
Do you have planning permission for this business use? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

## Section 4 – Accommodation & Facilities

**Please describe the accommodation available for the horses:**

Stalls (please give number):

Boxes (please give number):

Covered Yard (please give dimensions):

Open Yard (please give dimensions):

**Please describe the land available for horses:**

Grazing:

Instructing & Demonstrating:

Exercise:

**Please describe the accommodation available for:**

Forage & Bedding:

Equipment & Saddlery:

**Please describe the arrangements in place for:**

Water supply and watering horses:

Disposal of animal waste:

Protection of horses in event of a fire & fire precautions:

Section 5 – Horses		
How many horses are kept under the terms of the Act at the present time:		
How many horses is it intended to keep under the terms of the Act during the year?		
<b>Please provide details of all the horses currently kept:</b>		
Name of Horse:	Sex:	Age:
Description Including size:		
Horse Passport Number:	Purpose for which horse is kept:	
Age range of people who ride the horse:		
Name of Horse:	Sex:	Age:
Description Including size:		
Horse Passport Number:	Purpose for which horse is kept:	
Age range of people who ride the horse:		
Name of Horse:	Sex:	Age:
Description Including size:		
Horse Passport Number:	Purpose for which horse is kept:	
Age range of people who ride the horse:		
Name of Horse:	Sex:	Age:
Description Including size:		
Horse Passport Number:	Purpose for which horse is kept:	
Age range of people who ride the horse:		
Name of Horse:	Sex:	Age:
Description Including size:		
Horse Passport Number:	Purpose for which horse is kept:	
Age range of people who ride the horse:		

*(If required - Please attach additional details of horses to the application)*

Section 6 – Management of the Establishment	
Name of manager/person with direct control of the establishment:	
Address of manager/person with direct control:	
Does the manager have any of the following certificates? <i>(tick all that apply)</i>	
Assistant Instructors Certificate of the British Horse Society	<input type="checkbox"/>
Intermediate Instructor’s Certificate of the British Horse Society	<input type="checkbox"/>
Instructor’s Certificate of the British Horse Society	<input type="checkbox"/>
Fellowship of the British Horse Society	<input type="checkbox"/>
Fellowship of the Institute of the Horse	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
Please give the managers experience in the management of horses:	
Does a responsible person live at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the arrangements in the event of an emergency?	
Will a person who is under 16 years of age be left in charge of the establishment at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7 – Veterinary Surgeon	
Name of Usual Veterinary Surgeon:	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
<b>Contact Details:</b>	
Email Address:	
Main Telephone Number:	
Mobile Number:	

Section 8 – Public Liability Insurance	
Do you have public liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete details below)
Insurance Company:	Policy Number:
Period of Cover:	Amount of Cover (£m):
<b>Does the policy:</b>	
Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insure against liability arising out of such hire or use of a horse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please state what steps you are taking to obtain such insurance:	

### Section 9 – Disqualifications & Convictions

Has the applicant or any persons who will have control or management of the establishment ever been disqualified from: *(if yes to any of the below, please provide details in Section 10)*

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

### Section 10 – Additional Information

Provide any additional information which is required or relevant to your application:  
*(Review the relevant licence conditions and guidance notes which provide details of specific requirements in your area)*

Section 11 – Payment Details & Declaration	
<b>Payment:</b>	The appropriate application fee must accompany the application. The current fee structure can be found <a href="http://www.chelmsford.gov.uk/licensing">www.chelmsford.gov.uk/licensing</a>
<b>Licence Conditions &amp; Guidance:</b> I have read – <i>(Tick as appropriate)</i>  <input type="checkbox"/> Riding Establishments	
<b>Additional Documentation:</b> <i>Please tick to indicate that you have attached the following documentation to your application:</i>	
A plan of the premises:	<input type="checkbox"/>
Insurance Policy:	<input type="checkbox"/>
Operating Procedures:	<input type="checkbox"/>
Risk Assessments (including fire):	<input type="checkbox"/>
	Infection Control Procedure: <input type="checkbox"/> Qualifications: <input type="checkbox"/> Training Records: <input type="checkbox"/>
<b><u>Declaration:</u></b> <i>(Must be completed by the applicant)</i>  I am aware of the provisions of The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.  <input type="checkbox"/> Ticking this box indicates you have read and understood the above declaration.	
Name:	Capacity:
Signature:	Date:
<b>Once completed please send the form, fee and relevant attachments to the following:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     Public Health &amp; Protection Services                      Chelmsford City Council                      Civic Centre                      Duke Street                      Chelmsford                      Essex, CM1 1JE                 </div> <div style="width: 45%;">                     Email: <a href="mailto:safe.support@chelmsford.gov.uk">safe.support@chelmsford.gov.uk</a>                       Telephone: 01245 606606                 </div> </div>	