

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:	Nationality:
Email Address:	
Main Telephone Number:	
Mobile Number:	
Stage Name: <i>(if applicable)</i>	
Are you: <i>(please tick as appropriate)</i>	
<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:	
Business Address: <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:	

Section 2 – Type of Business/Performance <i>(please tick as appropriate)</i>		
TV/Film/Social Media: <input type="checkbox"/>	Theatre: <input type="checkbox"/>	Circus using Domestic Animals: <input type="checkbox"/>
Exhibiting Animals: <input type="checkbox"/>	Animal Encounters: <input type="checkbox"/>	Birds of Prey Shows/Exhibits: <input type="checkbox"/>
Other, Please State:		

Section 3 – Application Details	
Type of Application: <i>(Please tick as appropriate)</i>	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Existing Licence/Registration Number:	
Local Authority where Licenced/Registered:	
Give Details of Registration: <i>(e.g. type and number of animals, type of performance or exhibition)</i>	

Section 4 – Animals to be Trained	
Name of Premises/Trading Name:	
Address: Is this address the same as the address given in Section One? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" enter details below.
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
Contact Details: Are the contact details the same as those given in Section One? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" to enter details below.
Email Address:	
Main Telephone Number:	
Mobile Number:	

Section 5 – Kinds & Number of Animals to be Trained	
<u>Kind of Animal</u>	<u>Number</u>
<i>(If additional lines are required, please attach details to this application)</i>	

Section 6 – Kinds & Number of Animals to be Exhibited/Encounter	
<u>Kind of Animal</u>	<u>Number</u>
<i>(If additional lines are required, please attach details to this application)</i>	

Section 7 – Proposed Performance or Encounter
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.
Approximate duration of the performance(s):
Number of times the performance will be given in one day:
How will the animal be transported?
Where will the animal be kept when not performing or being exhibited?

Section 8 – Veterinary Surgeon	
Name of Usual Veterinary Surgeon:	
Building Number or Name:	
Street:	
City or Town:	
County:	Post Code:
Country:	
Contact Details:	
Email Address:	
Main Telephone Number:	
Mobile Number:	

Section 9 – Emergency Key Holder	
Do you have an emergency key holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete details below)
Name:	
Position/Job Title:	
Address:	
Daytime Telephone Number:	
Evening/Other Telephone Number:	
Email Address:	

Section 10 – 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):
If "No", please state what steps you are taking to obtain such insurance:	

Section 11 – 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 12)*

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 12 – 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 13 – Payment Details & Declaration

Payment: The appropriate application fee must accompany the application. The current fee structure can be found at www.chelmsford.gov.uk/licensing

Licence Conditions & Guidance: I have read – *(Tick as appropriate)*

Training and Exhibiting Animals

Additional Documentation: *Please tick to indicate that you have attached the following documentation to your application:*

A plan of the premises: Infection Control Procedure:

Insurance Policy: Qualifications:

Operating Procedures: Training Records

Risk Assessments (including fire):

Declaration: *(Must be completed by the applicant)*

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.

Ticking this box indicates you have read and understood the above declaration.

Name: Capacity:

Signature: Date:

Once completed please send the form, fee and relevant attachments to the following:

Public Health & Protection Services
Chelmsford City Council
Civic Centre
Duke Street
Chelmsford
Essex, CM1 1JE

Email: safe.support@chelmsford.gov.uk

Telephone: 01245 606606