|  |  |
| --- | --- |
| **Application for a Licence to Provide Boarding for Cat or Dogs (Franchises)** |  |

**Application Procedure:**

* Complete the application electronically, as a word document. Please ensure that you complete the form in full.
* [Pay the relevant fee](https://ip.e-paycapita.com/AIP/dataEntry.do?link=showDataEntryPage&requestId=ah3rt8qep1dmuznprh3vr7kj7y9v7zw)
* The following documents must be produced with the application form. Failure to produce these documents within 7 days of submitting your application will result in it being returned and any fees paid refunded:

A completed inspection form

Operating procedures (these should cover the following):

feeding regimes

cleaning regimes

transportation

monitoring & ensuring the health & welfare of all animals

the death or escape of an animal (including the storage of dead animals)

the care of the animals following suspension / revocation / an emergency

A plan of the premises

Insurance Policy

Risk Assessments (including a fire risk assessment)

Qualifications (if any)

Training policy / records

* Email your completed application, as a word document, and additional documents to licensing@wigan.gov.uk
* Please ensure all sections are completed (failure to do so may result in your application being returned). Please ensure you check the appropriate boxes.

**\*\*A valid email address, for yourself, is required in order to progress with your application\*\***

**A. Type of Application** ✓

|  |  |  |  |
| --- | --- | --- | --- |
| New |  | Renewal |  |

**B. Licence Details** *(To be completed for all applications, except New)*

|  |  |  |  |
| --- | --- | --- | --- |
| Licence No. | **AAL** | Expiry Date |  |

**C. Payment Details**

|  |  |
| --- | --- |
| Reference No. |  |

|  |  |
| --- | --- |
| Date of Payment |  |

**D. Applicant Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

|  |  |
| --- | --- |
| Surname  |  |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Email Address **(mandatory)** |  |

**E. Agent Details (If acting on behalf of the applicant)**

|  |  |
| --- | --- |
| Full Name |  |

|  |  |
| --- | --- |
| Company Name (if applicable) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |  |

|  |  |
| --- | --- |
| Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Email Address **(mandatory)** |  |

**F. Premises to be Licensed**

|  |  |
| --- | --- |
| Trading name |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |  |
| --- | --- | --- |
| Number of dogs to be accommodated? (if applicable) |  |  |

**G. First Host Premises to be Licensed**

|  |  |
| --- | --- |
| Name of Host |  |

|  |  |
| --- | --- |
| Trading Name (if applicable) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |  |
| --- | --- | --- |
| Number of dogs to be accommodated? |  |  |

**Can you please supply any additional host family details on a separate piece of paper.**

**G. Further details of type of business:**

|  |  |
| --- | --- |
| Home Boarding Franchise |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the establishment open throughout the year? | Yes |  | No |  |

|  |  |
| --- | --- |
| When is it normally open? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have planning permission for this type of business use? | Yes |  | No |  |

**H. 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 |  |

|  |  |
| --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| How do you propose to minimise disturbance from noise |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you keep and maintain a register of animals?  | Yes |  | No |  |

**I. Emergency Key Holder:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have an emergency key holder?  | Yes |  | No |  |

|  |  |
| --- | --- |
| Key Holder Name |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

**J. Management of the Premises / Staffing**

|  |  |
| --- | --- |
| Please provide the number of people involved with the business |  |

|  |  |  |
| --- | --- | --- |
| Name  |  Role | Hours Worked |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Name and address of the Manager / person with direct control of the premises |  |

**K. Details of Vet**

|  |  |
| --- | --- |
| Vets Name |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

**L. Public Liability Insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have provided a copy of my insurance with my application  | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
| If no, please provide details of the steps you are taking to obtain the required insurance |  |  |

**M. Disqualification and Convictions**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 an animal?  | Yes |  | No |  |

Has the applicant or any person who will have control or management of the establishment, ever:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Been convicted of any offences under the Animal Welfare Act 2006?  | Yes |  | No |  |
|  |  |  |  |  |
| Had a licence refused, revoked or cancelled?  | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes to any of the above, please provide details |  |

**N. Model Licence Conditions and Guidance**

|  |  |
| --- | --- |
| I have read the licence conditions and guidance in relation to home boarding (dogs)  |  |

|  |  |
| --- | --- |
| I have completed the inspection form and submitted it with the application.  |  |

**O. Declaration**

***This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.***

You are advised that to knowingly or recklessly make a false statement or omit any material particular from this application or any document submitted with it could result in my application being returned.

I / We declare that:

* The answers given in this application are true to the best of my / our knowledge and belief.
* A completed inspection form has been submitted with my application, along with the other required documents.

|  |  |
| --- | --- |
| Full Name |  |

|  |  |
| --- | --- |
| Capacity |  |

|  |  |
| --- | --- |
| Date |  |

Please email your completed application and supporting documents to licensing@wigan.gov.uk