

Application for a licence to keep a Boarding Establishment for Animals



Animal Boarding Establishments Act 1963 (Section 1)

▪ Type of Application

First Grant

Renewal of Existing Licence

▪ Type of Animals

Cats

Dogs

Both

Please send completed applications with any copy documents and the appropriate fee to:-
Wigan Council, Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN

Please Note: If you have any questions about the application processes please contact the Licensing Section on (01942 404627) or by e-mail at licensing@wigan.gov.uk. If however you have technical questions or need advice on how to set up a business please contact the Business Compliance Section on (01942 827495) or by e-mail at comm@wigan.gov.uk.

Please complete the application in full using block capitals and in black ink.

I / we make application to Wigan Council for a licence to keep a boarding establishment for animals under Section 1 of the Animal Boarding Establishments Act 1963.

In making this application, I / we understand that if for the purpose of obtaining such Registration I / we make any false statement or omit any material particular, I / we shall be guilty of an offence and liable to prosecution. *(delete as appropriate)*

A Applicant's details:

1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Home address	<input type="text"/>
5	Town	<input type="text"/>
6	Postcode	<input type="text"/>
7	Telephone number	<input type="text"/>
8	Date of birth	<input type="text"/>

B Second applicant's details:

1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Home address	<input type="text"/>
5	Town	<input type="text"/>
6	Postcode	<input type="text"/>
7	Telephone number	<input type="text"/>
8	Date of birth	<input type="text"/>

C Applicant's details if a body corporate:

1	Name of company	<input type="text"/>
2	Registered address	<input type="text"/>
3	Town	<input type="text"/>
4	Postcode	<input type="text"/>
5	Telephone number	<input type="text"/>
6	Company registration number	<input type="text"/>

D		Details of premises to be used as a Boarding Establishment:
1	Name of premises	<input type="text"/>
2	Address	<input type="text"/> <input type="text"/>
3	Town	<input type="text"/>
4	Postcode	<input type="text"/>
5	Telephone number	<input type="text"/>

E	Other information:
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1.	Number of each type of animal which is or is intended to be accommodated on the premises
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2.	Please describe the number, construction and size of quarters in which animals [are] [will be] accommodated.
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3.	Please give details of the heating arrangements for the premises.
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4.	Please give details of how the premises will be ventilated.
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5. Please give details of the lighting arrangements for the premises.

- Natural

- Artificial

6. Please give details of the water supply.

7. Please give details for food storage.

8. Please give the arrangements for disposal of excreta.

9. Please give a description of isolation facilities for the control of infectious disease.

10. Please give the name and address of your usual veterinary surgeon.

11. Plans.

Please include with your application a plan to a scale of 1:100 showing all the accommodation at the premises including the area used for the isolation of animals and the storage of bedding and food.

Please note that you do not need to provide plans if you have already provided them and there have been no changes to the premises since they were submitted.

If you are unable to put all the information on the application form you can attach it on a separate sheet of paper. If you do please make sure that any additional sheets contain details of the premises and the number of the question that you are answering.

Important Please Read

Notice of your application together with your name, address and contact telephone number will be given to the Council's Business Compliance Service Manager. Arrangements can then be made for an Officer of the Council authorised to inspect premises licensed under the Act to inspect your premises to satisfy the Council that it meets the requirements for licensing.

I / we* certify that to the best of my / our* knowledge and belief, the above particulars are true and in making this application I / we* declare that no person named within the application is disqualified (*delete as appropriate*): -

- (a) Under this Act from keeping an Animal Boarding Establishment;
- (b) Under the Pet Animals Act 1951 from keeping a Pet Shop;
- (c) Under the Breeding of Dogs Act 1973 and 1991 from keeping a Breeding Establishment for dogs;
- (d) Under the Protection of Animals (Cruelty to Dogs) Act 1933 from keeping a dog;
- (e) Under the Protection of Animals (Amendment) Act 1954 from having custody of animals; or
- (f) Under the Protection of Animals (Cruelty to Dogs) (Scotland) Act 1934 from keeping a dog.

*If signing on behalf of a Company or Partnership please state in what capacity.

Signed

Print Name

Position

Date	d	d	m	m	y	y	y	y
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Signed

Print Name

Position

Date	d	d	m	m	y	y	y	y
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