

Application for a licence to keep a Riding Establishment



Riding Establishments Acts of 1964 and 1970

▪ Type of Application

First Grant

Renewal of Existing Licence

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 riding establishment pursuant to the Riding Establishment Acts of 1964 and 1970.

In making this application, I / we understand that if for the purpose of obtaining such licence 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)*

Please note applications will not be accepted from persons under the age of eighteen years [Section 1(2) Riding Establishments Act 1964]

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(s)	<input type="text"/>
8	Date of Birth	<input type="text"/>

B Second applicant's details (if any):

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(s)	<input type="text"/>
8	Date of Birth	<input type="text"/>

C Applicant's details if a body corporate (i.e. Limited Company):

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 No.	<input type="text"/>

D		Details of the premises for which this application is made:
1	Name of Premises	<input type="text"/>
2	Address	<input type="text"/>
3	Town	<input type="text"/>
4	Postcode	<input type="text"/>
5	Telephone No.	<input type="text"/>

E		If you intend to employ someone to manage the riding establishment please provide details:
1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
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 No.	<input type="text"/>
8	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

F		Please give details of your veterinary surgeon:
1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Office Address	<input type="text"/>
5	Town	<input type="text"/>
6	Postcode	<input type="text"/>
7	Telephone No.	<input type="text"/>

G Other information:

1. Please state if the person(s) identified in sections A, B or E of this application is the holder of any of the certificates as shown below? If so, please place a tick in the box(s) against each of the certificates held and enclose them with this application.

	A	B	E
British Horse Society Assistant Instructors Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
British Horse Society Instructors Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship of the Institute of the Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship of the British Horse Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any person(s) identified in sections A, B or E of this application is not the holder of any of the certificates as shown at 1 above, please state what experience that person has in the management of horses. Please identify each person by name.

3. Is any person(s) identified in sections A, B or E of this application disqualified:
(please place a tick in the appropriate box(s) if yes)

	A	B	E
Under the Riding Establishments Act 1964 from keeping a riding establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under the Pet Animals Act 1951 from keeping a pet shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under the Protection of Animals (Amendment) Act 1954 from having custody of animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under the Animal Boarding Establishments Act 1963 from keeping a Boarding Establishment for animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please say what provisions are in place or which will be put into place to ensure that all horses at the establishment will be maintained in good health and in all respects physically fit.

5. Please state what steps are in place or which will be put in place to ensure that any horse kept at the establishment for the purpose of it being let out on hire for riding or kept for the purpose of providing instruction in riding will be suitable for the purpose for which it is kept.

6. Please state what steps are in place or which will be put in place to ensure that the feet of all animals are properly trimmed and that, if shod, their shoes are properly fitted and in good condition.

7. Please describe the accommodation that will be available for horses at the establishment. Please include a description of the construction, size, and number of occupants, lighting, ventilation, drainage and cleaning facilities. Include the numbers of stalls, boxes and the numbers and dimensions of any covered yards. Please include details of the storage facilities for forage, bedding, stable equipment and saddlery.

8. If horses are to be maintained on grass at the premises, please describe what steps will be taken to ensure adequate pasture, shelter, water and if and when supplementary feeds will be provided.

9. Please describe the provisions made or to be made to ensure that horses not maintained at grass are adequately supplied with suitable food, drink and bedding material.

10. Please describe the provisions made or to be made to ensure that horses are adequately exercised, groomed, rested and visited at regular intervals.

11. Please describe the provisions made or to be made to prevent and control amongst horses infectious or contagious diseases.

12. Please describe the provisions made or to be made to provide veterinary first aid equipment and medicines to be provided and maintained at the premises.

13. Please describe the provisions made or to be made for the protection and the removal of horses in the case of fire.

Note: You will be required to display in a prominent position on the outside of the premises a notice which is clearly readable stating the name, address and telephone number of the licence holder or some other responsible person. There must also be displayed in a prominent position on the outside of the premises a notice which is clearly readable giving instructions as to the steps to be taken in the event of a fire with particular regard to the removal of horses. Please supply copies of such notices.

14. Please state the number of horses that are kept or proposed to be kept at the establishment.

If you intend to increase this number, please say how many horses you intend to keep within the year commencing 1st January.

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.

Insurance:-

You will be required to provide evidence that you have insurance that insures you:

- Against any 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 from you in return for payment, instruction in riding;
- Against any liability arising out of such hire or use of a horse;
- Insures such hirers or users in respect of any liability which may be incurred by them in respect of any injury to any person caused by or derived from such hire or use; and
- For the purposes of any liability to persons lawfully on the establishment;
- If you already hold such cover, please enclose the certificate of insurance cover with this application. If you do not have cover at this time please note that you will be required to produce such cover before a licence will be granted. However you do not have to do this until the Council is in a position to grant the licence.

Plans:-

Please provide a plan at a scale of 1:100 with your application. The plan shall show the accommodation that will be available for horses at the establishment. Please indicate on the plan all stalls, boxes and any covered yards, together with the storage facilities for forage, bedding, stable equipment and saddlery. Please note that you do not need to provide a plan if you have already submitted one and no changes have been made to the establishment.

Important Please Read:-

Please be advised that a full copy of this application will be given to the Council's Business Compliance Service Manager in order that arrangements can be made for an Officer of the Council authorised under the Riding Establishments Act 1964 and a Veterinary Surgeon / Practitioner authorised by the Council to visit the establishment to which the application refers. This is so that they can prepare a report as to the suitability of the premises and any horses on those premises in order that the Council can consider that report before determining your application.

Caution

You are warned that the making of an untrue statement for the purposes of obtaining a licence is an offence.

I / we declare that I / we have checked the information given in this application form and it is correct to the best of my /our knowledge and belief.

*If signing on behalf of a Company or partnership 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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