**Application for a Licence to Keep or**



**Train Animals for Exhibition**

**Application Procedure:**

* Complete the application electronically, as a word document. Please ensure that you complete the form in full. **The application must be made in the name of an individual not** **a company.**
* [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](mailto: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\*\***

November 2024

**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 (this must be an individual)**

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

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

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

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

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

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

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

**Second Applicant Details (if applicable. This must be an individual):**

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

|  |  |
| --- | --- |
| **Surname** |  |

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

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

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

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

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

**E. Premises to be Licensed**

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

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

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

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

**F. Please confirm the type of business / performance:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TV/Film/Social Media |  | Theatre |  | Circus using Domestic Animals |  | Exhibiting Animals |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Birds of Prey Shows / Exhibits |  | Animal Encounters |  | Other (Please give details) |  |

***Please provide details of all animals to be exhibited/encountered in the schedule at Appendix A***

**G. 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 animals be transported? |  |

|  |  |
| --- | --- |
| Where are the animals to be kept when not performing or being exhibited? |  |

**H. Details of Vet**

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

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

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

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

**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. 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 |  |  |

**L. 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 |  |

**M. Model Licence Conditions and Guidance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have read the licence conditions and guidance in relation to keeping or training animals for exhibition | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have completed the inspection form and submitted it with the application. | Yes |  | No |  |

**N. 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](mailto:licensing@wigan.gov.uk)

|  |  |
| --- | --- |
| **Types of Animals to be Trained / Exhibited / Encountered`** | **Number of Animals to be Trained / Exhibited / Encountered** |
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