**Application for a Licence to Hire out**

**Horses**

**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
* 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |
| (**Checks will be carried out with the Planning Section)** |  |  |  |

**F. Accommodation and Facilities:**

|  |  |
| --- | --- |
| Number of Stalls  |  |

|  |  |
| --- | --- |
| Number of Boxes  |  |

|  |  |
| --- | --- |
| Covered Yard (please give dimensions) |  |

|  |  |
| --- | --- |
| Open Yard (please give dimensions) |  |

**Please give details of the land available for:**

|  |  |
| --- | --- |
| Grazing |  |

|  |  |
| --- | --- |
| Instructing or Demonstrating |  |

|  |  |
| --- | --- |
| Exercise |  |

**Please give details of the accommodation available for:**

|  |  |
| --- | --- |
| Forage and Bedding |  |

|  |  |
| --- | --- |
| Equipment and Saddlery |  |

**Please give details of the arrangements in place for:**

|  |  |
| --- | --- |
| Water Supply and Watering Horses |  |

|  |  |
| --- | --- |
| Disposal of Animal Waste |  |

|  |  |
| --- | --- |
| Protection of Horses (in the event of a fire) and Fire Precautions |  |

|  |
| --- |
| **Number of Horses on the Premises**  |
| How many horses are kept under the terms of the Act at the present time ? |  |
| How many horses is it intended to keep under the terms of the Act during the year?  |  |

***Please provide details of all horses currently kept in the schedule at Appendix A***

**G. 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 |  |

Does the Manager / person with direct control have any of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assistant Instructors Certificate of the British Horse Society | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intermediate Instructors Certificate of the British Horse Society | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructors Certificate of the British Horse Society | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fellowship of the British Horse Society | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fellowship of the Institute of the Horse | Yes |  | No |  |

|  |  |
| --- | --- |
| Please give details of the Manager / person with direct control’s experience in the management of horses. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does a responsible person live at the establishment? | Yes |  | No |  |

|  |  |
| --- | --- |
| What are the arrangements in the event of an emergency? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will a person who is under 16 years of age be left in charge of the establishment at any time? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment | Yes |  | No |  |
| are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)? |  |  |  |  |

**H. Details of Vet**

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

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

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

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

**I. Public Liability Insurance**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, does it insure against liability for any injury sustained by those who hire a horse from you and those  | Yes |  | No |  |
| who use a horse in the course of receiving instruction in riding, provided by you in return for payment? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, does it insure against liability arising out of such hire or use of a horse?  | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any  | Yes |  | No |  |
| person caused by, or arising from, such hire or use? |  |  |  |  |

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

**J. 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?  |  |  |  |  |

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

**K. Model Licence Conditions and Guidance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have read the licence conditions and guidance in relation to the hiring out of horses.  | Yes |  | No |  |

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

**L. 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Description (including size)** | **Sex**  | **Age / Date of Birth** | **Horse Passport Number** | **Purpose for Which Horse is Kept** | **Age Range of People to Ride the Horse** |
|  |  |  |  |  |  |  |
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