

Standard applicant profile section 1

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| 1 | Receipt Number | | | | | |
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Please complete all the questions in the form.
If you have nothing to record, please state "Not applicable" or "None"

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| 2 | Agent | | | | | | |
| 2.1 | Are you an agent acting on behalf of the applicant | yes | | No | | If no go to 3 | M |
| 2b | Further information about the Agent | | | | | | |
| 2.2 | Name | | | | | | |
| 2.3 | Address | | | | | | |
| 2.4 | Email | | | | | | |
| 2.5 | Main telephone number | | | | | | |
| 2.6 | Other telephone number | | | | | | |

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| 3 | Applicant details | | | | | |
| 3.1 | Name | | | | | |
| 3.2 | Address | | | | | |
| 3.3 | Email | | | | | |
| 3.4 | Main telephone number | | | | | |
| 3.5 | Other telephone number | | | | | |
| 3.6 | Applying as a business or organisation, including a sole trader | Yes | | No | | |
| 3.7 | Applying as an individual | Yes | | No | | |

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| 4 | Applicant Business | | | | | | |
| 4.1 | Is your company registered with companies house | yes | | No | | If no go to 4.3 | M |
| 4.2 | Registration Number | | | | | | |
| 4.3 | Is your business registered outside the UK | | | | | | |
| 4.4 | VAT Number | | | | | | |
| 4.5 | Legal status of the business | | | | | | |
| 4.6 | Your position in the business | | | | | | |
| 4.7 | The country where your head office is located. | | | | | | |
| 4b | Business Address – This should be your official address – The address required of you by law to receive all communication | | | | | | |
| 4.8 | Building name or number | | | | | | |
| 4.9 | Street | | | | | | |
| 4.10 | District | | | | | | |
| 4.11 | City or Town | | | | | | |
| 4.12 | County or administrative area | | | | | | |
| 4.13 | Post Code | | | | | | |
| 4.14 | Country | | | | | | |

**The Animal Welfare (Licensing of Activities Involving Animals) Regulations
2018**

**Application for a licence to operate an animal boarding
establishment**

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| 1 | Standard applicant profile section |
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| 2 | Type of Application | | | |
| 2.1 | Commercial Boarding | Home Boarding | Day Care | |
| 2.2 | Type of Application | New | Renewal | |
| 2.3 | Existing licence number | | | |
| 2a | Animals to be accommodated | | | |
| | Animals to be accommodated | | | |
| 2.4 | Cats | Yes/No | Maximum number | |
| 2.5 | Dogs | Yes/No | Maximum number | |
| 2b | Further information about the applicant | | | |
| 2.6 | Date of birth | | | |

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| 3 | Premises to be licensed | |
| 3.1 | Name of premises/trading name | |
| 3.2 | Address of premises | |
| 3.3 | Telephone number of premises | |
| 3.4 | Email address | |
| 3.5 | Do you have planning permission for this business use. | Yes/No |

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| 4 | Accommodation and facilities | |
| 4.1 | Details of the quarters used to accommodate animals, including number, size and type of construction | |
| 4.2. | Exercise facilities and arrangements | |
| 4.3 | Heating arrangements: | |
| 4.4 | Method of ventilation of premises | |
| 4.5 | Lighting arrangements (natural & artificial) | |
| 4.6 | Water supply | |
| 4.7 | Facilities for food storage & preparation | |
| 4.8 | Arrangements for disposal of excreta, bedding and other waste material | |
| 4.9 | Isolation facilities for the control of infectious diseases | |
| 4.10 | Fire precautions/equipment and arrangements in the case of fire | |
| 4.11 | Do you keep and maintain a register of animals? | Yes/No |
| 4.12 | How do you propose to minimise disturbance from noise? | |

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| 5 | Veterinary surgeon | | |
| 5.1 | Name of usual veterinary surgeon | | |
| 5.2 | Company name | | |
| 5.3 | Address | | |
| 5.4 | Telephone number | | |
| 5.5 | Email address | | |

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| 6 | Emergency key holder | | | |
| 6.1 | Do you have an emergency key holder? | Yes / No | If no, go to 7.1 | |
| 6.2 | Name | | | |
| 6.3 | Position/job title | | | |
| 6.4 | Address | | | |
| 6.5 | Daytime telephone number | | | |
| 6.6 | Evening/other telephone number | | | |
| 6.7 | Email address | | | |
| 6.8 | Add another person? | Yes / No | If yes, 6.2 to 6.8 will be repeated | |

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| 7 | Public liability insurance | | | |
| 7.1 | Do you have public liability insurance? | Yes / No | If no, go to question 7.6 | |
| | If yes, please provide details of the policy | | | |
| 7.2 | Insurance company | | | |
| 7.3 | Policy number | | | |
| 7.4 | Period of cover | | | |
| 7.5 | Amount of cover (£m) | | | |
| 7.6 | Please state what steps you are taking to obtain such insurance | | | |

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| 8 | Disqualifications and convictions | | | |
| | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | | |
| 8.1 | Keeping a pet shop? | Yes/No | | |
| 8.2 | Keeping a dog? | Yes / No | | |
| 8.3 | Keeping an animal boarding establishment? | Yes/No | | |
| 8.4 | Keeping a riding establishment? | Yes/No | | |
| 8.5 | Having custody of animals? | Yes/No | | |
| 8.6 | Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under the Animal Welfare Act 2006? | Yes/No | | |
| 8.7 | Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? | Yes / No | | |
| 8.8 | If yes to any of these questions, please provide details, | | | |

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| 9 | Additional details | | |
| | Please check local guidance notes and conditions for any additional information which may be required | | |
| 9.1 | Additional information which is required or may be relevant to the application | | |

Standard payment and declaration section

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| 1 | Payment |
| 1.1 | Payment must be made at the time of making the application |
| 2 | Model Licence Conditions & Guidance |
| | All applicants to tick that they have read the applicable model licence conditions & guidance |
| 3 | Additional Information |
| | Please attach the following Information |
| 3.1 | A plan of the premises |
| 3.3 | Insurance policy |
| 3.4 | Operating procedures |
| 3.5 | Risk Assessments (including Fire) |
| 3.6 | Infection control procedure |
| 3.6 | Qualifications |
| 3.7 | Training records |
| 4 | Declaration |
| 4.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. |
| 4.2 | I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief. |
| 4.3 | Ticking this box indicates you have read and understood the above declaration |
| 4.4 | Full Name |
| 4.5 | Capacity |
| 4.6 | Date |
| 5 | <p>GDPR statement</p> <p><u>Legal Requirement</u></p> <p>The Isle of Wight Council is the data controller for the personal information you provide on this form. The council's Data Protection Officer is Helen Miles, Head of Legal Service and Monitoring Officer and can be contacted at dpo@iow.gov.uk. You can contact the council by phone on 01983 821000, or by writing to us at County Hall, High Street, Newport, IW PO30 1UD.</p> <p>Your information will be used to allow the Council to process your application. In accordance with Data Protection law, the legal basis for this is for the performance of a task carried out in exercise of official authority. Your information will be shared with other council departments relevant external bodies for the purposes of processing your application.</p> <p>We will keep your personal data for 6 years <u>or</u> as long as we are required to do so under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website www.iwight.com.</p> <p>For further details on how your information is used; how we maintain the security of your information; and your rights, including how to access information we hold on you, and how to complain if you have any concerns about how your personal details are processed, please visit www.iwight.com or email dpo@iow.gov.uk</p> |