**ANIMAL BOARDING ESTABLISHMENTS ACT 1963**

**APPLICATION FOR A LICENCE TO KEEP AN**

**ANIMAL BOARDING ESTABLISHMENT**

I/We

hereby give notice that I/we intend to apply for a licence in accordance with the particulars in the attached Schedule.

[ ]  I/We have paid the application fee of £     receipt number

[ ]  I/We have paid the maintenance fee of £     receipt number

You may pay by phone (01225 477531) using a credit or debit card.

[ ]  I/We attach a valid vet’s inspection report

[ ]  I/We attach plans of the premises

[ ]  I/We declare that the information given in this application is true.

Signed by the applicant(s)

       Dated

      Dated

Please email the completed form to licensing@bathnes.gov.uk or post to:

Licensing Services

Bath & North East Somerset Council

Lewis House

Manvers Street

Bath

BA1 1JG

|  |  |  |
| --- | --- | --- |
| 1 | Name and address of premises to be licensed |       |
| 2 | Specific part of premises |       |
| 3 | Full name and address of eachlicence holder |       |
| 4 | Contact telephone number |       |
| 5 | Contact email address |       |
| 6 | The date or dates, or the period of time for which the licence is required (maximum one year) | From:      To:       |
| 7 | Maximum number of dogs accommodated |       |
| 8 | Maximum number of cats accommodated |       |
| 9 | Construction of enclosures |       |
| 10 | Size of enclosures |       |
| 11 | Heating and ventilation arrangements |       |
| 12 | Lighting arrangements (natural and artificial) |       |
| 13 | Water supply |       |
| 14 | Arrangements for food storage |       |
| 15 | Arrangements for disposal of excreta |       |
| 16 | Exercise facilities |       |
| 17 | Description of isolation facilities for the control of infectious diseases |       |
| 18 | Are you (or have you ever been) disqualified from: |  |
|  | * keeping a boarding establishment for animals?
 |       |
|  | * keeping a pet shop?
 |       |
|  | * keeping a dog?
 |       |
|  | * having the custody of animals?
 |       |