

Application for a licence to operate a Horse Riding establishment

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

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

1) Applicant details						
Name						
Address						
Email						
Main telephone number						
Other telephone number						
Applying as a business or organisation,	Yes		No			
Applying as an sole trader or partnership	Yes		No			

2) Business Details						
Is your business a limited company registered with companies house	yes		No		If no go to 3	
If so, Company Name and Number						
Registered address						
Business Trading Address (if different to applicant address)						
Building name or number						
Street						
District						
City or Town						
County or administrative area						
Post Code						
Country						

3) Type of Application				
Type of Application	New		Renewal	If new, go to 2.3
Existing licence number				

4) Veterinary surgeon	
Name of usual veterinary surgeon	
Company name	
Address	
Telephone number	
Email address	

5) Accommodation and facilities	
Please describe the accommodation available for horses:	
Stalls (please give the number)	
Boxes (please give the number)	
Covered yard (please give dimensions)	
Open yard (please give dimensions)	
Please describe the land available for:	
Grazing	
Instructing or demonstrating	
Exercise	
Please describe the accommodation available for:	
Forage and bedding	
Equipment and saddlery	
Please describe the arrangements in place for:	
Water supply and watering horses	
Disposal of animal waste	
Protection of horses in event of a fire, and fire precautions	

6) Horses	
How many horses are kept under the terms of the licence at the present time?	
How many horses is it intended to keep under the terms of the licence during the year?	

7) Management of the establishment		
Name & Address of the manager/person with direct control of the establishment		
Does the manager have any of the following certificates? (tick all that apply)		
Assistant Instructor's Certificate of the British Horse Society		
Intermediate Instructor's Certificate of the British Horse Society		
Instructor's Certificate of the British Horse Society		
Fellowship of the British Horse Society		
Fellowship of the Institute of the Horse		
None of the above		
Please give details of the manager'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 are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?	Yes / No	

8) Emergency key holder		
Do you have an emergency key holder?	Yes / No	If no, go to 7
Name		
Position/job title		
Address		
Daytime telephone number		
Evening/other telephone number		
Email address		

9) Disqualifications 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 animals?	Yes/No
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
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
If yes to any of these questions, please provide details,	

10) Details of all horses currently kept. (Space for any additional horses on page 6 to 9)	
Name of horse	
Description including size	
Sex	
Age	
Horse passport number	
Purpose for which horse is kept	
Age range of people who ride this horse	

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11) Additional details

Please check local guidance notes and conditions for any additional information which may be required

Additional information which is required or may be relevant to the application

I the “operator” certify all information in this form and submitted with this application to be true to the best of my knowledge.

Name.....

Signed.....

Dated:.....

State capacity, if applicant signing on behalf of a Company or Partnership:

.....

You may email this form to envhealth@southribble.gov.uk or post a hard copy to Environmental Health, Civic Centre, West Paddock, Leyland, PR25 1DH

N.B. Your application can not be processed until payment has cleared.

FOR OFFICIAL USE ONLY

Reference Number:

Date of inspection:

Recommendation:

Date reported the Council and Decision:

No. of Licence issued:

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