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| **The Animal Welfare (Licensing of Activities Involving Animals) (Scotland) Regulations 2021**  **LICENCE APPLICATION FOR ANIMAL REHOMING ACTIVITIES** | | 12mmMarkRGB |
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| **Before completing this form please read the guidance and notes that are attached.**  **If you are completing this form by hand please write legibly in block capitals.** | | |
| **Section 1: Nature of Applicant** | | |
|  | | |
| **1.1** Specify the nature of the application: | | |
|  | *Please Tick One Box Only* | |
| Application by an Individual  **Complete Section 2 do not complete Section 3** |  | |
| Application by a Business or Organisation (including a Sole Trader)  **Complete Section 3 do not complete Section 2** |  | |

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| **Section 2. Application by Individual** | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.1** Please provide your Personal Details: | | | | | | | | | | |
| Surname | | | | | | First Name(s) | | | | |
|  | | | | | |  | | | | |
| Date of Birth | |  | | | | Place of Birth |  | | | |
| Home Address *(Include flat position, house name etc)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Town | |  | | | | Postcode |  | | | |
| Phone No. | | | | | | | | | | |
|  | | | | | | | | | | |
| Email Address | | | |  | | | | | | |
| **2.2** Day to day management of the business: | | | | | | | | | | |
|  | | | | | | | | | *Please Tick One Box Only* | |
| Do you intend to carry out the day to day management of the business? | | | | | | | | | YES | NO |
|  | | | | | | | | |  |  |
| If you have answered **NO** you must complete **Section 4** of the Application form | | | | | | | | |  |  |
| **Section 3. Application by Business or Organisation** | | | | | | | | | | |
| Read Note A | | | | | | | | | | |
| **3.1** Specify the Legal Status of the Business or Organisation: | | | | | | | *Please Tick One Box Only* | | | |
|  | Charity or Association | | |  | Partnership | |  | Private Limited Company | | |
|  | Public Limited Company | | |  | Public Body | |  | Sole Trader | | |
| **3.2** Provide details of the Business or Organisation | | | | | | | | | | |
| Full Name of the Business or Organisation | | | | | | | | | | |
|  | | | | | | | | | | |
| Full Address of the Principal or Registered Office | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Town | |  | | | | Postcode |  | | | |
| Company/Charity Registration No. | | | | Phone No. | | | Email Address | | | |
|  | | | |  | | |  | | | |
| **3.3** Provide the Personal Details of any Directors, Partners or other persons responsible for the management of the business or organisation. | | | | | | | | | | |
| Surname | | | | | | First Name(s) | | | | |
|  | | | | | |  | | | | |
| Date of Birth | | |  | | | Place of Birth |  | | | |
| Home Address *(Include flat position, house name etc)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Town | | |  | | | Postcode |  | | | |
| Position within Business or Organisation | | | | | |  | | | | |
|  | | | | | | | | | | |
| Surname | | | | | | First Name(s) | | | | |
|  | | | | | |  | | | | |
| Date of Birth | | |  | | | Place of Birth |  | | | |
| Home Address *(Include flat position, house name etc)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Town | | |  | | | Postcode |  | | | |
| Position within Business or Organisation | | | | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Continue on a separate sheet if necessary to detail further persons**  Now complete **Section 4** of the Application form | | | | | | | | | | |
| **Continue on a separate sheet if necessary to detail further persons** | | | | | | | | | | |

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| **Section 4. Day to Day Manager** | | | | |
|  | | | | |
| **4.1** Please provide Personal Details for the individual that will be responsible for the day to day management of the business: | | | | |
| Surname | | | First Name(s) | |
|  | | |  | |
| Date of Birth |  | | Place of Birth |  |
| Home Address *(Include flat position, house name etc)* | | | | |
|  | | | | |
| Post Town |  | | Postcode |  |
| Phone No. | | | | |
|  | | | | |
| Email Address | |  | | |

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| **Section 5 - Disqualifications** | | |
| **Read Note B** | | |
| Has the applicant, or any person associated with the management of the establishment, ever been disqualified under the following Acts | | |
| *Please Tick* | | |
| 5.1 | Section 34 (1) of the Animal Welfare Act 2006 | No  Yes |
| 5.2 | Section 40 (1) of the Animal Health and Welfare (Scotland) Act 2006 | No  Yes |
| 5.3 | Section 33(1) of the Welfare of Animals Act (Northern Ireland) 2011 | No  Yes |
| **\***If you have answered Yes to any of the above please provide details below | | |
| Section 5 - Details | | |

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| **Section 6 – Licence Applied For** | | |
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|  | | |
| 6.1 | New  Renewal**\***  ***Existing reference Number*** | |
|  | Please confirm that you will be operating in the following way: | |
| 6.2 | You intend to supply an animal to a person in Scotland to be kept as a pet, regardless of the country of origin of the animal, provided that:   1. the animal is not a fish, 2. the animal was not bred by you, 3. the person being supplied takes receipt of the animal in Scotland from you of the animal or a person delivering the animal on behalf of you; and 4. the supply takes place during a 12 month period in which at least 4 other such animals are supplied by you to persons in Scotland to be kept as pets.   *(Please note the above is a requirement of The Animal Welfare (Licensing of Activities Involving Animals) (Scotland) Regulations 2021)* |  |

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| **Section 7. Details of Premises where animals will be kept** | | | | |
|  | | | | |
| Trading Name of the Premises | | | | |
|  | | | | |
| Full Address of Premises | | | | |
|  | | | | |
| Post Town |  | | Postcode |  |
| Daytime Phone No. | | | Mobile Phone No. | |
|  | | |  | |
| Email Address | |  | | |
| Trading Days/ Hours | |  | | |
|  | | | | |

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| **Section 8. Accommodation and Facilities** | | |
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| Describe the premises to be licensed or quarters used to accommodate animals detailing the following | | |
| 8.1 | Description |  |
| 8.2 | Size (dimensions) of quarters |  |
| 8.3 | Type of construction |  |
| 8.4. | | Exercise facilities and arrangements | |
|  | |  | |
| 8.5 | | Heating arrangements: | |
|  | |  | |
| 8.6 | | Method of ventilation of premises | |
|  | |  | |
| 8.7 | | Lighting arrangements (natural & artificial) | |
|  | |  | |
| 8.8 | | Water supply | |
|  | |  | |
| 8.9 | | Facilities for food storage & preparation | |
|  | |  | |
| 8.10 | | Arrangements for disposal of excreta, bedding and other waste material | |
|  | |  | |
| 8.11 | | Isolation facilities for the control of infectious diseases | |
|  | |  | |
| 8.12 | | Fire precautions/equipment and arrangements in the case of fire | |
|  | |  | |
| 8.13 | | How do you propose to minimise disturbance from noise | |
|  | |  | |
| 8.14 | | Do you keep and maintain a register of animals No  Yes | |

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| **Section 9: Veterinary Surgeon/Practitioner** | | | | | |
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| Please provide the details of your current veterinary surgeon/practice | | | | | |
| Name of usual Veterinary Surgeon | | | Company Name | | | |
|  | | |  | | | |
| Full Address of Premises | | |  | | | |
|  | | | | | | |
| Post Town |  | | | Postcode |  | |
| Daytime Phone No. | | | | Emergency Phone No. | | |
|  | | | |  | | |
| Email Address | |  | | | | |

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| **Section 10: Public Liability Insurance** | | |
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| Please provide the details of your current veterinary surgeon/practice | | |
| 10.1 | Do you have public liability insurance? | Yes  No \*Please complete Q10.6 ***below*** | |
| 10.2 | Insurance company |  | |
| 10.3 | Policy number |  | |
| 10.4 | Period of cover |  | |
| 10.5 | Amount of cover (£) | £ | |
| 10.6 | \*Please state what steps you are taking  to obtain such insurance |  | |

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| **Section 11: Agent** | | | | | | | |
|  | | | | | | *Please Tick One Box Only* | |
| Is this application lodged by an Agent? | | | | | | YES | NO |
| If you have answered ‘Yes’, please complete the sections below | | | | | | | |
| Specify your capacity to act as an Agent : | | | Solicitor | | | |  |
| Accountant | | | |  |
| Business Consultant | | | |  |
| Other (Please Specify) | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
|  | | | | | | | |
| Full Name and Address of Agent | | | | | | | |
|  | | | | | | | |
| Post Town |  | | | Postcode |  | | |
| Phone No. | | | | Mobile No. | | | |
|  | | | |  | | | |
| Email Address | |  | | | | | |
| Contact Name | |  | | | | | |

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| **Section 12: Checklist** | | |
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| I confirm that I have enclosed the following: | | |
|  | | *Please Tick* |
| Copy of your current Public Liability insurance - *and where necessary Employer’s Public Liability insurance* |  | |
| Copy of your current Risk Assessment |  | |
| Copy of your current staff training policy |  | |
| \*If you do not have any of the above please provide reasons below | | |
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| **Section 13: Declaration by Applicant** | | | |
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| I hereby make my application to Glasgow City Council and confirm that (a) the particulars given by me on this form are true to the best of my knowledge and belief; (b) I have read the guidance notes; (c) the appropriate fee will be transferred to the Licensing Section by BACS transfer; and (d) I understand the application will not be processed until the application fee has been paid.  The information contained on this form may be processed by Glasgow City Council in accordance with data protection laws. Please read the Privacy Statement for more information on how your personal data will be processed. | | | |
| **Only the Applicant or the Agent named in Section 11 can sign or amend this application form** | | | |
| **SIGNATURE** |  | **DATE** |  |
| **PLEASE NOTE:**  Any person who in or in connection with the making of this application makes any statement which he knows to be false, or recklessly makes any statement which is false in a material particular, shall be guilty of an offence | | | |

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| **Notes** | |
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| A | If completing section 3 you must specify the legal status of your Business or Organisation.   * A sole trader is regarded as business owned by one person without any special legal structure. * If applying as a Limited Company you must provide your Company Registration Number. * If applying as a Charity please provide your Charity Registration Number in the Company Registration section. |
| B | **A**ny disqualifications, incurred in the UK must be declared. This applies to every individual named in Section 2, Section 3 and Section 4 of the application form.  If you are uncertain as to the details/dates of any crimes or offences you should contact Disclosure (Scotland), PO Box No 250, Glasgow, G2 4JS (Phone: 0870 609 6006). Alternatively you can also call at any police office and pick up the appropriate Data Protection Form, requesting ‘subject access’ to your record. There is a cost for this search. |

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| **FOR OFFICE USE ONLY** | | | |
| **Date Lodged** | **Receipt No.** |  |  |
|  |  |  |  |
| **Current Licence No.** | **Expiry Date** | **Suspended** | **Prev. Refused** |
|  |  | YES NO | YES NO |
| **Date of Decision** | **Decision** | | **Licence Issued** |
|  |  | |  |