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| **Section 1: Licence Details** (To be completed by all applicants) | |
| Is this a new or renewal application? | New  Renewal |
| Will the Licence be held by an Individual, a Charity/SCIO, or a Company/Partnership? | Individual  Registered Charity/SCIO  Company/Partnership |

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| **Section 2: Your Details** (To be completed by all applicants) – continue on additional sheet if necessary | |
| First name(s): | Surname: |
| Any previous surname (*if applicable*) | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |
| What is your relationship to the business: | |
| Will you be responsible for the day to day management of the business? | Yes  No (please also complete section 3) |
| Will you be at or within a reasonable distance of the premises at all times? | Yes  No (please also complete section 4) |

| **Section 3: Person responsible for day to day management of the business** (if different from section 2) | |
| --- | --- |
| First name(s): | Surname: |
| Any previous surname (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 4: Person who will be at or within a reasonable distance of the premises at all times** (if different from section 2). | |
| First name(s): | Surname: |
| Any previous surname (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 5: Premises details** (To be completed by all applicants) | |
| Is the premises address, phone number and email address the same as section 2? | Yes  No |
| Premises Address (*inc. postcode*): | Premises phone number: |
| Premises email: | |
| Business website: | |

| **Section 6: Directors/Partners/Trustees of the business** (To be completed if a Company/Partnership/Charity/SCIO is applying for the licence) | |
| --- | --- |
| Name of the Company/Partnership/Charity/SCIO:  Company or Charity Number: | |
| How many Directors/Partners/Trustees does the business have? | |
| **Please provide details for first Director/Partner/Trustee** – if there are more than one, please attach a separate sheet stating each Director/Partner/Trustee’s personal details | |
| First name(s): | Surname: |
| Any previous surname (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 7: Emergency contact** - A second individual who can provide access to the premises (To be completed by all applicants) | |
| First Name(s): | Surname: |
| Home Address (*inc. postcode*): | |
| Phone number: | Email: |

| **Section 8: Pet rehoming details** (To be completed by all applicants) | | |
| --- | --- | --- |
| Which animals are you intending to keep? | **Animal Species** (State exact species name) | Maximum number of animals intending to be kept |
| Dogs |  |
| Cats |  |
| Rabbits |  |
| Guinea Pigs |  |
| Arachnids *(e.g. spiders, scorpions)* |  |
| Fish *(Specify whether tropical or cold water)* |  |
| Amphibians *(e.g. frogs, toads etc.)* |  |
| Reptiles *(e.g. snakes, lizards, tortoises etc.)* |  |
| Birds *(e.g. finches, budgerigars etc.)* |  |
| Wildlife *(e.g. hedgehogs, hares etc.)* |  |
| Any other species *(Specify)* |  |

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| **Section 9: Animal accommodation** (To be completed by all applicants) \*\*Note: For each species of animal provide the type of accommodation. If you have more than one type of accommodation, provide information on each. If required, attach a separate sheet of paper answering all the questions. | |
| What type of accommodation is used to house the different species of animal? |  |
| State the material each type of accommodation is made from? |  |
| What are the dimensions of each accommodation? | Height:  Depth:  Width: |
| How will the accommodation be heated? |  |
| How will the accommodation be ventilated? |  |
| How will the humidity/temperature be monitored within the accommodation? |  |
| What material is provided within the accommodation to represent a natural habitat? |  |
| What process is in place to clean the accommodation? |  |
| What lighting is available within the accommodation? |  |
| State which water source is used for the premises | Mains supply  Private supply |
| What arrangements are in place for the disposal of excreta? |  |
| What arrangements are in place for the disposal of other waste material? |  |
| Describe the process for the control of infectious diseases including the location of the isolation facility. |  |
| Are you transporting any animal over 65km? | Yes  No |

| **Section 10: Health and Safety** (To be completed by all applicants) | | |
| --- | --- | --- |
| Have you provided a copy of your written policy and procedure which details the protection of animals and persons in case of fire or other emergency (including emergency exits)? | Yes – Copy provided  No – State by when this will be submitted. | |
| Have you provided a copy of the information to be supplied to the purchaser on the appropriate care of the animals to be sold as pets? | Yes – Copy provided  No – State by when this will be submitted. | |
| Do you have your insurance documents? | Yes – Copy provided  No – State by when this will be submitted. | |
| Name and address (including postcode) of your vet: | | Vet’s phone number: |

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| **Section 11: Experience and Qualifications** (To be completed by all applicants) | |
| Detail any relevant qualifications and certificates held by any one named in this application or employed by the business. | *Provide copies with the application* |
| Describe any relevant experience held by anyone named in this application or employed by the business. |  |

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| **Section 12: Disqualifications** (To be completed by all applicants) | |
| Has anyone named in this application ever been disqualified under the Animal Health and Welfare (Scotland) Act 2006 from:   * owning or keeping animals (or both); * dealing in animals; * transporting animals; * working with or using animals; * providing any service relating to animals (including, in particular, for their care) which involves taking possession of animals; * taking possession of animals for the purpose of an activity in respect of which a disqualification mentioned above is imposed; or * taking charge of animals for any, or any other, purpose. | No  Yes – Please provide details |
| Has anyone named in this application ever been disqualified under the Animal Welfare Act 2006 from:   * from owning animals; * from keeping animals; * from participating in the keeping of animals; * from being party to an arrangement under which he is entitled to control or influence the way in which animals are kept; * from dealing in animals; * from transporting animals; or * from arranging for the transport of animals. | No  Yes – Please provide details |
| Has anyone named in this application ever been disqualified under the Welfare of Animals Act (Northern Ireland) 2011 from:   * from owning animals; * from keeping animals; * from participating in the keeping of animals; * from being party to an arrangement under which that person is entitled to control or influence the way in which animals are kept; * from dealing in animals; * from transporting animals; or * from arranging for the transport of animals. | No  Yes – Please provide details |

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| **Section 13: Declarations** (To be completed by all applicants) | |
| I/we declare that the particulars given on this form are correct to the best of my/our knowledge and belief.  I/we understand that the local authority may make reasonable enquiries into being fit and proper person(s) to hold a licence and permit the use of my/our personal data for this purpose.  I/we commit to reimburse the local authority for any veterinary or third-party inspection fees necessarily incurred in processing this application. |  |
| Applicant Signature(s): | Date: |

**To be enclosed with this application:**

* Application fee
* Insurance documents
* Relevant qualifications
* Written information to be supplied to the purchaser on the appropriate care of the animals to be sold as pets.
* Written policy and procedure which details the protection of animals and persons in case of fire or other emergency (including emergency exits)

The information you supply on this form will be used for the purpose for which you have provided it, and appropriate measures are in place to protect your personal data.  A full privacy notice, which provides information about your rights under current data protection legislation and details about what will happen to your personal data can be found here: <https://www.argyll-bute.gov.uk/privacy/animal-health>

**Return completed application forms to:**

Environmental and Animal Health  
Argyll and Bute Council  
Kilmory  
LOCHGILPHEAD  
PA31 8RT

Email: [envhealth@argyll-bute.gov.uk](mailto:envhealth@argyll-bute.gov.uk)