



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?	<ul><li>☐ Individual</li><li>☐ Registered Charity/SCIO</li><li>☐ Company/Partnership</li></ul>		
Section 2: Your Details (To be completed by all app necessary	licants) – continue on additional sheet if		
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:			



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:			
Section 5:	Premises details (To be completed by all	applicants)	
-	address, phone number and email me as section 2?	☐ Yes ☐ No	
Premises Address (inc. postcode):  Premises phone number:		Premises phone number:	
Premises email	l:		
Business websi	te:		
Section 6:	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):	First name(s): Surname:		
Any previous surname ( <i>if applicable</i> ):  Phone number:		Phone number:	
Home address (inc. postcode):  Date of birth:		Date of birth:	





Section 6:	Directors/Partners/Trustees of the business (To be completed if a Company/Partnership/Charity/SCIO is applying for the licence)				
				Place of birth:	
Email:					
Section 7:		contact - A second indi leted by all applicants)		who can provide access	to the premises
First Name(s):		Surname:			
Home Address	(inc. postcode	·):			
Phone number	·:		Emai	l:	
Section 8:	Details of an	<b>imals to be kept</b> (To b	e com	pleted by all applicants)	
Which animals are you intending to keep?  Animal Species (State exact spe  Dogs Cats Rabbits		Animal Species (Stat	e exac	t species name)	Maximum number of animals intending to be kept
		□ Dogs			
		☐ Cats			
	☐ Guinea Pigs				
		☐ Arachnids (e.g. sp	iders, s	scorpions)	
		☐ Fish (Specify whet	ther tro	opical or cold water)	



Section 8:	tion 8: Details of animals to be kept (To be completed by all applicants)			
		☐ Amphibians (e.g. fi	ogs, toads etc.)	
		☐ Reptiles (e.g. snake	es, lizards, tortoises etc.)	
		☐ Birds (e.g. finches, budgerigars etc.)		
		□ Wildlife (e.g. hedge	ehogs, hares etc.)	
		☐ Any other species (	(Specify)	
Section 9: Animal accommodation (To be completed by all applicants)  **Note: For each species of animal provide the type of accommodation. If you have mo 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 ac	ccommodation	n 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	<ul><li>☐ Mains supply</li><li>☐ Private supply</li></ul>
What arrangements are in place for the disposal of excreta?	
What arrangements are in place for the disposal	
of other waste material?	
of other waste material?  Describe the process for the control of infectious diseases including the location of the isolation	□Yes
of other waste material?  Describe the process for the control of infectious diseases including the location of the isolation facility.	☐ Yes ☐ No
of other waste material?  Describe the process for the control of infectious diseases including the location of the isolation facility.	



Section 10: Health and S	afety (To be complete	d 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 provid☐ No – State by wh	led en 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?	<ul> <li>☐ Yes – Copy provided</li> <li>☐ No – State by when this will be submitted.</li> </ul>	
Do you have your insurance documents?	<ul> <li>☐ Yes – Copy provided</li> <li>☐ No – State by when this will be submitted.</li> </ul>	
Name and address (including postcode) of your vet:		Vet's phone number:
Section 11: Experience and Qualifications (To be completed by all applicants)		

Section 11: Experience a	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.	



Section 12: Disqualifications (To be completed by all applicants)			
•	ned in this application ever been disqualified al Health and Welfare (Scotland) Act 2006	<ul><li>□ No</li><li>□ Yes – Please provide details</li></ul>	
<ul> <li>dealing</li> <li>transpo</li> <li>workin</li> <li>providi</li> <li>particu</li> <li>posses</li> <li>taking</li> <li>activity</li> <li>mentio</li> </ul>	g or keeping animals (or both); g in animals; porting animals; g with or using animals; ing any service relating to animals (including, in alar, for their care) which involves taking sion of animals; possession of animals for the purpose of any in respect of which a disqualification and above is imposed; or charge of animals for any, or any other, i.e.		
<ul> <li>from o</li> <li>from b</li> <li>from b</li> <li>is entit</li> <li>animal</li> <li>from d</li> </ul>	ned in this application ever been disqualified al Welfare Act 2006 from: wning animals; eeping animals; articipating in the keeping of animals; eing party to an arrangement under which he led to control or influence the way in which is are kept; ealing in animals; ransporting animals; or interpretations are second animals.	☐ No☐ Yes — Please provide details	
under the Welfa from:      from o     from k     from p     from b     person     which a     from t	ned in this application ever been disqualified are of Animals Act (Northern Ireland) 2011  wning animals; eeping animals; articipating in the keeping of animals; eing party to an arrangement under which that is entitled to control or influence the way in animals are kept; ealing in animals; ransporting animals; or	□ No □ Yes − Please provide details	

# The Animal Welfare (Licensing of Activities Involving Animals) (Scotland) Regulations 2021 APPLICATION FOR LICENCE TO OPERATE AN

ANIMAL WELFARE ESTABLISHMENT



Section 13:	<b>Declarations</b> (To be completed by all applicants)	
	at the particulars given on this form are correct to the knowledge and belief.	
enquiries into b	d that the local authority may make reasonable eing fit and proper person(s) to hold a licence and of my/our personal data for this purpose.	
-	reimburse the local authority for any veterinary or ection fees necessarily incurred in processing this	
Applicant Signa	ture(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: <a href="https://www.argyll-bute.gov.uk/privacy/animal-health">https://www.argyll-bute.gov.uk/privacy/animal-health</a>

#### Return completed application forms to:

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

Email: envhealth@argyll-bute.gov.uk