DEVELOPMENT AND INFRASTRUCTURE SERVICES PLANNING, HOUSING AND REGULATORY SERVICES





Tick the appropriate box please.		NEW LICENCE	RENEWAL OI	F LICENCE	
ΑPI	PLICANT				
1.	Title F	First Name	Surnan	ne	
	Age (if under 18 years))	(See Note 1)		
2.	Private address (or, if a Body Corporate, name of Body and address of Registered Office)				
	Email:		Telephone Number	r:	
PR	EMISES				
3.	Trading Name and add establishment (if different from above	_			
	Email:		Telephone Number	r:	
4.	Is the establishment op throughout the year (pl				
MA	NAGEMENT				
5.	Who will have direct comanagement of the es				
6.	If that person is the ho		Assistant Instructor's Certific	cate of the British	YES/NO
	of the certificates shown opposite, delete as appropriate and enclose the certificate(s) with this Application		Horse Society Instructor's Certificate of the	British Horse	YES/NO
			Society Fellowship of the British Hor Fellowship of the Institute of		YES/NO YES/NO
7.	If the person named at not hold any of these of give details of his/her of the management of ho (Continue on a separatinecessary).	ertificates, experience in rses.			

8.	Is a responsible person living on the establishment?				
	If not, what arrangements are there in case of emergency?				
9.	Will the carrying on of the business of the Establishment be left at any		blishment be left at any		
			charge of a person under f age? (See Note 1).		
10.	Will supervision by a responsible person of the age of 16 years or over be provided at all times whilst horses from the establishment are used for providing instruction in riding or are let out on hire for riding (except in the case of a horse let out for hire for riding, when the		•		
			•		
		is cor rvisio	npetent to ride without n)?		
11. (i) Are you, or any person who will have control or management of the establishment, disqua the time being from:				ment, disqualified for	
		(a) (b) (c) (d) (e)	keeping a Riding Establishm keeping a dog keeping a Pet Shop having the custody of animal keeping a Boarding Establish	s	YES/NO* YES/NO* YES/NO* YES/NO*
INS	JRAN	ICE			
	(ii) Are you the holder of a current insurance policy which				
	(a)		insures you against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding.		YES/NO*
		(b)	insures you against liability a	rising out of such hire or use of a horse. in respect of any liability which may be	YES/NO*
	`	(0)	incurred by them in respect of injury to any person caused by, or arising from, such hire or use.	YES/NO*	
			3		Delete as appropriate
	(If "YES", enclose with this application evidence that you hold				
	such insurance. If "NO", state opposite what steps you are taking				
	to ob	tain s	uch insurance.		

KEEPING OF HORSES

12.	How many horses are being kept under the terms of the Acts at the present time? How many horses is it intended to keep under the terms of the Acts			
	durir	ng the year?	(See Note 3).	
13. What accommodation is available for :-			or :-	
	(a)	Horses?	Stalls:	
			Boxes:	
			Covered Yard:	
				(Please state number, or dimensions in the case of a Yard).
	(b) Forage and Bedding?		Bedding?	
	(c)	Equipment	and Saddlery?	
	, ,		·	
14.	Is land available for :-		for :-	
	(a)	Grazing?		
	(b) Instruction or demonstrating riding? (Please give details).		or demonstrating	
			_	
15.	What is the name and address of			
	your usual Veterinary Surgeon/ Practitioner?			

DECLARATION

I AM AWARE OF THE PROVISIONS OF THE RIDING ESTABLISHMENTS ACTS 1964 AND 1970 AND I APPLY FOR A LICENCE TO KEEP A RIDING ESTABLISHMENT COMMENCING THE FIRST DAY OF ISSUE.

I ENCLOSE (1) THE CERTIFICATES REFERRED TO AT ITEM 6 ABOVE

(2) THE POLICY OR OTHER EVIDENCE OF INSURANCE REFERRED TO AT ITEM 11(ii) ABOVE

I CONFIRM I SHALL PAY THE VETERINARY SURGEON'S INSPECTION FEE.

(Read the following statement carefully before signing it. A false statement may render you liable to prosecution.)

I DECLARE MY ANSWERS TO THE ABOVE QUESTIONS TO BE CORRECT IN EVERY RESPECT.

Usual signature:	 Date:	
If signing on behalf of a Body Corporate, state appointment held:		

NOTES

- 1. A licence may be granted to an individual over the age of eighteen years or a Body Corporate.
 - It will then be a condition of any licence granted that the carrying on of the business of a Riding Establishment shall at no time be left in the charge of any person under 16 years of age.
- 2. It will be a condition of any licence granted that no horse will be let out on hire for riding or used for providing instruction in riding without supervision of a responsible person of the age of 16 years or over unless (in the case of a horse let out for hire for riding) the holder of the licence is satisfied that the hirer or the horse is competent to ride without supervision.
- 3. (i) "Horse" includes any mare, gelding, pony, foal, colt, filly or stallion, and also any ass, mule or jennet.
 - (ii) The Act regulates Riding Establishments which let out horses on hire or uses them for the purpose of providing, in return for payment, instruction in riding or for the purpose of demonstrating riding.
- 4. A licence is valid from the date of issue.
- 5. The applicant will be responsible for the payment of the veterinary surgeon's fee plus an administration charge. An account for the required amount will be issued prior to the issue of the licence.