



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 or a Company/ Partnership?	☐ Individual ☐ Company/Partnership	
Type of Breeding Establishment	□ Dog	
	□ Cat	
	☐ Rabbit	
Section 2: Your Details (To be completed by all appl a separate sheet stating each Director/Pa	icants) – if there is more than one, please attach rtner'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:		
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 manage (if different from section 2)	gement of the business	
First name(s):	Surname:	
Any previous surname (if applicable):	Phone number:	
Home address (inc. postcode):	Date of birth:	

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Section 3:	Section 3: Person responsible for day to day management of the business (if different from section 2)		
		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 s	urname ( <i>if applicable</i> ):	Phone number:	
Home address	(inc. postcode):	Date of birth:	
		Place of birth:	
Email:			
Section 5:	Premises details (To be completed by all	applicants)	
-	es address, phone number and email		
Premises Addr	ess (inc. postcode):	Premises phone number:	
Premises email:			
Business website:			
Section 6:	Directors/Partners of the business (To be completed if a Company/Partnership is applying for the licence)		
Name of the Company/Partnership:			
Company Number:			
How many Directors/Partners does the business have?			





Section 6:	Directors/Partners of the business (To be completed if a Company/Partnership is applying for the licence)				
Please provide details for first Director/Partner – if there is more than one, please attach a separate sheet stating each Director/Partner's personal details					
First name(s):				Surname:	
Any previous s	urname ( <i>if app</i>	olicable):		Phone number:	
Home address	(inc. postcode	):		Date of birth:	
				Place of birth:	
Email:					
Section 7: Emergency contact - A second individual who can provide access to the premises (To be completed by all applicants)					
First Name(s):	ne(s):		Surna	urname:	
Home Address	(inc. postcode	):			
Phone number:		Email:			
Section 8: Breeding details (To be completed by all applicants)  **Note: 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.					
Will the breedi be undertaken outdoors? (Ind breeders main stock wholly or within their ow dwelling house	indoors or oor tain their partially n private	□ Indoor □ Outdoor			
What is the ma number of Anii annually on the	mals kept				





Section 8: Breeding details (To be completed by all applicants)  **Note: 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.			
How many litters are bred annually?			
State the type of accommodation and the number of each used for breeding animals	E.g. kennels, units, rooms, hutches		
State the material each type of accommodation is made from?			
What are the dimensions	Height:		
of each accommodation?	Depth:		
	Width:		
What bedding is supplied within the accommodation?			
Whelping / Queening / Kindling Accommodation			
State the type of accommodation and the number of each used for birthing	E.g. whelping boxes, nesting box, rooms, etc.		
State the material each type of birthing accommodation is made from?			
What are the dimensions	Height:		
of each accommodation?	Depth:		
	Width:		
What bedding is supplied within the accommodation			





Section 8:	**Note: 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.		
		Other animals retained on the premises	
How many other			
What is the pur these animals?	-	E.g. stud, pets, etc.	
State the type of accommodation number of each house these an	n and the n used to	E.g. kennels, units, hutch etc.	
State the mater type of accommade from?			
What are the d of each accomr		Height: Depth: Width:	
What bedding i			

Section 9:	Heating, lighting and ventilation (To be completed by all applicants)  **Note: 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.			
		Birthing Accommodation	Other Accommodation	
How is the acheated?	ccommodation			
What lighting the accommo	g is available within odation?			
How is the ac ventilated?	commodation			





Section 10: Animal Wellbeing (To be completed by all applicants)			
What activities and toys are available for the social and mental wellbeing of the adult animals and their young?			
What are the facilities or arrangements for exercising the animal?			
How are the animals socialised?			
Are you transporting the animals over 65km?	□ Yes □ No		
Section 11: Health and S	Gafety (To be completed by all applicants)		
State which water source is used for the premises	☐ Mains supply ☐ Private supply		
How and where is animal feed stored?			
Describe the arrangements for the disposal of excreta?			
Describe the arrangements for the disposal of other waste material?			
Describe the process for the control of infectious diseases including the location the isolation facility/ies.			
Have you a 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.		





Section 11: Health and Safety (To be completed by all applicants)			
Do you have your		provided with the application	
insurance documents:	□ No – A copy mus	t be sent before your licence can be considered	
Name and address (including postcode) of your vet:		Vet's phone number:	
Section 12: Experience a	and Qualifications (To	be completed by all applicants)	
Detail any relevant qualifications and certificates held by anyone named in this application or employed by the business.	Provide copies with ti		
Describe any relevant experience held by anyone named in this application or employed by the business.			
Section 13: Disqualificat	ions (To be completed	by all applicants)	
<ul> <li>(including, in particular involves taking possession of an activity in respectively)</li> </ul>	In Health and Welfare animals (or both); s; ng animals; e relating to animals alar, for their care) which assion of animals; f animals for the purpost of which a disqualification.	se of ation	

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Has anyone named in this application ever been disqualified under the Animal Welfare Act 2006 from:	□ No	
<ul> <li>from owning animals;</li> <li>from keeping animals;</li> <li>from participating in the keeping of animals;</li> <li>from being party to an arrangement under which he is entitled to control or influence the way in which animals are kept;</li> <li>from dealing in animals;</li> <li>from transporting animals; or</li> <li>from arranging for the transport of animals.</li> </ul>	☐ Yes — Please provide details	
Has anyone named in this application ever been disqualified under the Welfare of Animals Act (Northern Ireland) 2011 from:	<ul><li>□ No</li><li>□ Yes – Please provide details</li></ul>	
<ul> <li>from owning animals;</li> <li>from keeping animals;</li> <li>from participating in the keeping of animals;</li> <li>from being party to an arrangement under which that person is entitled to control or influence the way in which animals are kept;</li> <li>from dealing in animals;</li> <li>from transporting animals; or</li> <li>from arranging for the transport of animals.</li> </ul>		

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Section 14:	<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 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