

Please complete all the questions in the form. If you have nothing to record, please state "Not Applicable" or "None".

Section 1 – Applicant Details				
First Name:	Date of Birth:			
Surname:				
Email Address:				
Main Telephone Number:				
Mobile Number:				
Are you: (please tick as appropriate)				
Applying as an individual	A sole trader is a business owned by one person without any special legal structure.  Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as			
Applying as an individual	following a hobby.			
Is your business registered in the UK with Companies House	? No No			
Registration Number:				
Is your business registered outside the UK?	☐ Yes ☐ No			
Business Name:	If your business is registered, use its registered			
VAT Number:	name. Put "None" if you are not registered for VAT.			
Legal Status: Private Limited Company Par	tnership 🔲 Sole Trader			
Public Limited Company Cha	arity or Association 🔲 Public Body			
Your position in the business:				
Business Address: (If you have one, this should be your official address – this is an address required of you by law for receiving communications.)				
Building Number or Name:				
Street:				
City or Town:				
County: Post Code:				
Country:				



Section 2 – Application Details					
Type of Application: (Please tick as appropriate)  New  Renewal					
Existing Licence Number:					
Section 3 – Establishment to be Licenced					
Name of Premises/Trading Name:					
Address:					
Is this address the same as the address given in Section One?					
☐ Yes ☐ No					
Building Number or Name:					
Street:					
City or Town:					
County: Post Code:					
Country:					
Contact Details:					
Are the contact details the same as those given in Section One?					
Yes No If "No" to enter details below.					
Email Address:					
Main Telephone Number:					
Mobile Number:					
Is the establishment open throughout the year?					
When is it normally open?					
Do you have planning permission for this business use?					



## Section 4 – Accommodation & Facilities Please describe the accommodation available for the horses: Stalls (please give number): Boxes (please give number): Covered Yard (please give dimensions): Open Yard (please give dimensions): Please describe the land available for horses: Grazing: Instructing & Demonstrating: Exercise: Please describe the accommodation available for: Forage & Bedding: Equipment & Saddlery: Please describe the arrangements in place for: Water supply and watering horses: Disposal of animal waste: Protection of horses in event of a fire & fire precautions:



Section 5 – Horses				
How many horses are kept under the terms of the Act at the present time:				
How many horses is it intended to keep un	der the terms of the Act during the year?			
Please provide details of all the horses currently kept:				
Name of Horse:	Sex:	Age:		
Description Including size:				
Horse Passport Number:	Purpose for which horse is kept:			
Age range of people who ride the horse:				
Name of Horse:	Sex:	Age:		
Description Including size:				
Horse Passport Number:	Purpose for which horse is kept:			
Age range of people who ride the horse:				
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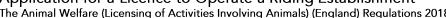
(If required - Please attach additional details of horses to the application)



Section 6 – Management of the Establishment				
Name of manager/person with direct control of the establishment:				
Address of manager/person with direct control:				
Does the manager have any of the following certificates? (tick a	ll that apply)			
Assistant Instructors Certificate of the British Horse Society				
Intermediate Instructor's Certificate of the British Horse Society	, <u> </u>			
Instructor's Certificate of the British Horse Society				
Fellowship of the British Horse Society				
Fellowship of the Institute of the Horse				
None of the above				
Please give the managers experience in the management of horses:				
Does a responsible person live at the establishment?	Yes		No	
What are the arrangements in the event of and emergency?				
Will a person who is under 16 years of age be left in charge of the establishment at any time?	Yes		No	
Will a responsible person (of 16 years or over) provide supervision at all times while horses from the establishment are used for riding instruction or are hired out for riding (except in the case of the hirer being competent to ride without supervision)?				



Section 7 – Veterinary Surgeon					
Name of Usual Veterinary Surgeon:					
Building Number or Name:					
Street:					
City or Town:					
County:	Post Code:				
Country:					
Contact Details: Email Address:					
Main Telephone Number:					
Mobile Number:					
Section 8 – Public Liability Insurance					
Do you have pubic liability insurance?	☐ Yes ☐ No	(If yes, below		omplete det	ails
Insurance Company:	Policy Number:				
Period of Cover:	Amount of Cover (£m):				
Does the policy:					
Insure 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 instruction in riding, provided by you in return for payment?			Yes		No
Insure against liability arising out of such hire or use of a horse?					
Insure against liability arising out of such hire	for payment?		Yes		No
Insure against liability arising out of such hire of linear such hirers or users in respect of any liaby them in respect of injury to any person cau hire or use?	or use of a horse? bility which may be incurred		Yes Yes		No No





Section 9 – Disqualifications & Convictions				
Has the applicant or any persons who will have control or management of the establishment ever been disqualified from: (if yes to any of the below, please provide details in Section 10)				
Keeping a pet shop?		Yes		No
Keeping a dog?		Yes		No
Keeping an animal boarding establishment?		Yes		No
Keeping a riding establishment?		Yes		No
Having custody of animals?		Yes		No
Has the applicant or any person who will have control or management of the establishment been convicted of any offences under the Animal Welfare Act 2006?		Yes		No
Has the applicant or any person who will have control or management of the establishment ever had a licence refused, revoked or cancelled?		Yes		No
Section 10 – Additional Information				
Provide any additional information which is required or relevant to your application: (Review the relevant licence conditions and guidance notes which provide details of specific requirements in your area)				



Section 11 – Payment Details & Declaration					
Payment:	The appropriate application fee must accompany the application. The current fee structure can be found <a href="https://www.chelmsford.gov.uk/licensing">www.chelmsford.gov.uk/licensing</a>				
Licence Co	onditions & Guidance:	I have read – (Tick as .	appropriate)		
☐ Ridin	ng Establishments				
Additional Documentation:  Please tick to indicate that you have attached the following documentation to your application:					
A plan of th	ne premises:		Infection Control Procedure:		
Insurance F	Policy:		Qualifications:		
Operating	Procedures:		Training Records		
Risk Assess	sments (including fire):				
Declaratio	<u>n</u> : (Must be completed by th	ne applicant)			
I am aware of the provisions of The Animal Welfare (Licencing of Activities Involving Animals) (England) Regulations 2018. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.					
Ticking this box indicates you have read and understood the above declaration.					
Name:	Capacity:				
Signature:	Date:				
Once completed please send the form, fee and relevant attachments to the following:					
	Public Health & Protection Chelmsford City Council Civic Centre Duke Street Chelmsford Essex, CM1 1JE	n Services	Email: safe.support@chelm		