Application for a licence to operate a Riding Establishment

The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018

This form should be completed and forwarded to the Licensing Team - please visit our website www.rbkc.gov.uk for our current postal address or contact us on Telephone: 020 7341 5152 email: licensing@rbkc.gov.uk.

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

1	Applicants details	
1.1	Name of applicant (if more than one applicant state all the full names of all applicants)	
1.2	Home address (if applying as a company please state the registered office)	
1.3	Telephone	
	Mobile number	
1.4	Email address	
1.5	If applying as a company state the registration number of the company	
1.6	If the company is registered outside the UK state the main business address in the UK	

2	Premises to be licensed	
2.1	Name of Premises/Trading Name	
2.2	Address of Premises	
2.3	Telephone Number	
2.4	Email address	
2.5	Is the establishment open throughout the year	
2.6	What are the hours of opening for the premises?	

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA



3	Type of Application	New	Renewal	If new, go to 3.a	
3.1	Existing licence number				
3a	Further details about the applicant				
3.2	Do you have any training certificates or qualifications?		If no, go to 3.4		
3.3	Please provide details of training certificates and qualifications				
3.4	Please provide details of relevant experience				
3.5	Date of birth				

4	Accommodation and facilities (Plea	ase describe the accommodation available for horses)	
4.1	Stalls (Please give the number)		
4.2	Boxes (Please give the number)		
4.3	Covered Yard (Please give dimensions)		
4.4	Open Yard (Please give dimensions)		
	Please describe the land available	for:	
4.5	Grazing		
4.6	Instructing or demonstrating area		
4.7	Exercise		
	Please describe the accommodation	on available for:	
4.8	Forage and bedding		
4.9	Equipment and Saddlery		
	Please describe the arrangements	in place for:	
4.10	Water supply and watering horses		
4.11	Disposal of Animal Waste		
4.12	Protection of horses in event of fire and fire precautions		

5	Horses			
5.1	How many horses are kept under the terms of the Act at the present time			
5.2	How many horses do you intend to keep under the terms of the Act during the year			
	Please provide details of all the horses	s currently kept		
5.3	Name of Horse			
5.4	Description including sizes			
5.5	Sex			
5.6	Age			
5.7	Horses passport number			
5.8	Purpose for which the house is kept			
5.9	Age range of people who rides this horse			
5.10	Add another horse?		If yes repeat 5.3 to 5.9 on separate page	

6	Management of the establishment		
6.1	Name and Address of the manager/person with direct		
	control of the establishment		
6.2	Does the manager(s) have any of the following certification	ates (mark all that apply)	
a)	Assistant Instructor's Certificate of the British Horse		
	Society		
b)	Intermediate Instructor's Certificate of the British		
	Horse Society		
c)	Instructor's Certificate of the British Horse Society		
d)	Fellowship of the British Horse Society		
e)	Fellowship of the Institute of the Horse		
f)	None of the above		
6.3			
0.3	Please give details of the manager's experience in		
	the management of horses		
6.4	Does a responsible person live at the establishment?		
-			
6.5	What are the arrangements in the event of an		
0.5	emergency?		
1			

6.6	Will a person who is under 16 years of age be left in charge of the establishment at any time?	
6.7	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)?	

7	Veterinary surgeon	
7.1	Name of usual veterinary surgeon	
7.2	Company name	
7.3	Address	
7.4	Telephone number	
7.5	Email address	

8	Public liability insurance		
8.1	Do you have public liability insurance?	(If no go to question 8.9)	
8.2	Insurance company		
8.3	Policy number		
8.4	Period covered		
8.5	Amount of cover (£m)		
	Does this policy:		
8.6	Insure against liability for any injury s hire a horse from you for riding and th the course of receiving instruction in i in return for payment?	nose who use a horse in	
8.7	Insure against liability arising out of s horse?	uch hire or use of a	
8.8	Insure such hirers or users in respect may be incurred by them in respect o caused by, or arising from, such hire	f injury to any person	
8.9	Please state what steps you are taking to obtain such insurance		

9	Disqualifications and convictions		
	Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from:		
9.1	Keeping a pet shop?		
9.2	Keeping a dog?		
9.3	Keeping an animal boarding establishment?		
9.4	Keeping a riding establishment?		
9.5	Having custody of animals?		
9.6	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?		
9.7	Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled?		
9.8	If yes to any of these questions, please provide details, (continue on a separate sheet if necessary)		

10	Additional details	
	Is there any other information which you believe may be relevant to the application? If yes, provide details	

11	Signature and Declaration	
	Signature of applicant, or applicant's solicitor, or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity.	
	I am aware of the provisions of Animal Welfare(Licensing of Activities Involving Animals) (England) Regulations 2018 and the model conditions. The details 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	
	Signature Print Name	
	Capacity Date	
	For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent	
	Signature Print Name	
	Capacity Date	
		i

City/Town Post Code Contact number	Name and Addres	s to be used for correspon	dence	
City/Town Post Code				
City/Town Post Code				
Contact number	City/Town			
Email address				

Date Protection:

Licence holder data is used in accordance with the General Data Protection Regulations. For further details please read the licensing team's Privacy Notice https://www.rbkc.gov.uk/privacy-notice-licensing. Licence holder data may also be included in data matches including the National Fraud Initiative to detect and prevent fraud.

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