

**Riding Establishments Act 1964**  
**APPLICATION FOR A LICENCE TO OPERATE A RIDING ESTABLISHMENT**

1. Are you an agent acting on behalf of the applicant? Yes/No

**2. Applicant(s) details**

First name(s).....

Family name(s) .....

Email(s) .....

Main telephone number(s) .....

Other telephone number(s).....

Are you:

Applying as a business or organisation, including as a sole trader? Yes/No

Applying as an individual? Yes/No

**3. Applicant Business**

Is your business registered in the UK with Companies House? Yes/No

Is your business registered outside the UK? Yes/No

Business name.....

VAT number (if VAT registered) .....

Legal status - Private Limited Company, Partnership, Sole Trader, Public Limited Company, Charity or Association, Public Body

Your position in the business.....

**4. Business Address** (If the head office is different from the address of the premises to be licensed)

Building number or name.....Street.....

Town.....County.....

Postcode.....

**5. Application details**

Type of Application – New/Renewal

**6. Premises to be licensed**

Name of premises/trading name..... Building number or name.....

Street.....Town.....County.....

Postcode.....

**7. Contact Details**

Are the contact details the same as those given in section two? Yes/No

**If not please supply contact –**

Email(s) .....

Main telephone number(s) .....

Other telephone number(s).....

**8. Period of Operation**

Is the establishment open throughout the year? Yes/No

**9. Accommodation & Facilities**

*Stalls (include the number of stalls)*

*Boxes (include the number of boxes)*

*Covered yard (include the dimensions of the yard)*

*Open yard (include the dimensions of the yard)*

**Describe the Land Available For:**

*Grazing*

*Instructing or demonstrating*

*Exercise*

**Describe the Accommodation Available For:**

*Forage and bedding*

*Equipment and saddlery*

**Describe the Arrangements In Place For:**

*Water supply and watering horses*

*Disposal of animal waste*

*Protection of horses in event of a fire and fire precautions*

**10. Horses**

*How many horses are kept under the terms of the act at the present time? .....*

("Horse" includes any mare, gelding, pony, foal, colt, filly or stallion, and also any ass, mule or jennet.)

*How many horses are intended to be kept under the terms of the act during the year? .....*

**Provide Details of all the Horses Currently Kept** (add further rows if required)

<i>Name of horse</i>	<i>Passport number (if available)</i>	<i>Description (incl.size)</i>	<i>Sex</i>	<i>Age</i>	<i>Purpose for which horse is kept</i>	<i>Age range of people who ride the horse</i>

**11. Management of the Establishment**

Name of the manager/person with direct control of the establishment

*First name(s)* .....

*Family name(s)* .....

*Does the manager have any of the following certificates?*

- Assistant Instructor's Certificate of the British Horse Society
- Intermediate Instructor's Certificate of the British Horse Society
- 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

*Give details of the manager's experience in the management of horses*

*Does a responsible person live at the establishment? Yes/No*

*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)? Yes/No*

**12. Veterinary Surgeon**

Usual Veterinary Surgeon

Name.....

Address.....Postcode.....

Contact details: Email.....

Main telephone number.....

Other telephone number.....

**13. Public Liability Insurance**

*Do you have public liability insurance? Yes/No*

**14. Disqualifications and Convictions**

Has the applicant or any person who will have control or management of the establishment, ever been disqualified from:

*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 Animal Welfare or Wildlife Legislation? 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*

**15. Additional Details**

Please provide any additional information which is required or relevant to your application (please check for any local guidance notes and conditions of specific requirements in this area)

**16. Payment details**

*Please ensure that your application includes the fee payment - Fees can be found on our web page.  
You can pay by credit/debit card by phoning us on 01264 368000.  
You can also apply and pay on line.  
Cheques should be made payable to Test Valley Borough Council*

**17. Declaration**

***I am aware of the provisions of The Riding Establishments Act 1964. The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.***

(This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?")

***I/We have read and understood the above declaration***

*Full name of Applicant(s).....  
Capacity.....  
Signature of Applicant(s).....  
Date (dd mm yyyy) .....*

*All personal information collected through this application will be held on file (either manually or electronically) by Test Valley Borough Council and be used for purposes in connection with Riding Establishments Licence administration and management. Additionally, information may be provided upon request to other Test Valley Borough Council Services for the purposes of the prevention and detection of fraud and crime.*