

PET ANIMALS ACT 1951 APPLICATION FOR LICENCE TO KEEP A PET SHOP

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)	
<u>Are you</u> :	
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, P	ublic 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
	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. Accommodation & Facilities

Number and size of rooms to be used

Heating arrangements

Method of ventilation of premises

Lighting arrangements (natural and artificial)

Water Supply



Facilities for food storage and preparation

Arrangements for disposal of excreta, bedding and other waste material

Isolation facilities for the control of infectious diseases

Fire precautions/equipment and arrangements in the case of fire



Arrangements for keeping a register/record of animals

Normal times of attendance at the premises when they are closed

9. Animals to be sold at the pet shop

Provide details of the animals to be sold – including the maximum number of each type to be accommodated at any one time, age at which they are to be sold, and details of the accommodation provided.

Dogs/puppies	Yes/No	Max. Number
Cats/kittens	Yes/No	Max. Number
Chipmunks	Yes/No	Max. Number
Rabbits	Yes/No	Max. Number
Guinea pigs (ca	<i>vies)</i> Yes/N	lo Max. Number
Hamsters	Yes/No	Max. Number
Rats, mice and	gerbils Yes/N	lo Max. Number
Larger domestic	cated mammals	s e.g. goats, pot-bellied pigs Yes/No Max. Number
Primates e.g. m	armosets	Yes/No Max. Number



Yes/No	Max. Number
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10. Veterinary Surgeon

Usual Veterinary Surgeon	
Name	
Address	Postcode
Contact details: Email	
Main telephone number	
Other telephone number	

11. Emergency Key Holder

Do you have an emergency key holder? Yes/No



12. 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

13. 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)

14. 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

15. Declaration

I am aware of the provisions of The Pet Animals Act 1951. 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)
<i>Date</i> (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 Pet Shop 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.