

**ANIMAL BOARDING ESTABLISHMENTS ACT 1963**

**APPLICATION FOR A LICENCE TO KEEP AN**

**ANIMAL BOARDING ESTABLISHMENT**

I/We

hereby give notice that I/we intend to apply for a licence in accordance with the particulars in the attached Schedule.

I/We have paid the application fee of £     receipt number

I/We have paid the maintenance fee of £     receipt number

You may pay by phone (01225 477531) using a credit or debit card.

I/We attach a valid vet’s inspection report

I/We attach plans of the premises

I/We declare that the information given in this application is true.

Signed by the applicant(s)

      Dated

      Dated

Please email the completed form to [licensing@bathnes.gov.uk](mailto:licensing@bathnes.gov.uk) or post to:

Licensing Services

Bath & North East Somerset Council

Lewis House

Manvers Street

Bath

BA1 1JG

|  |  |  |
| --- | --- | --- |
| 1 | Name and address of premises to be licensed |  |
| 2 | Specific part of premises |  |
| 3 | Full name and address of each  licence holder |  |
| 4 | Contact telephone number |  |
| 5 | Contact email address |  |
| 6 | The date or dates, or the period of time for which the licence is required (maximum one year) | From:  To: |
| 7 | Maximum number of dogs accommodated |  |
| 8 | Maximum number of cats accommodated |  |
| 9 | Construction of enclosures |  |
| 10 | Size of enclosures |  |
| 11 | Heating and ventilation arrangements |  |
| 12 | Lighting arrangements  (natural and artificial) |  |
| 13 | Water supply |  |
| 14 | Arrangements for food storage |  |
| 15 | Arrangements for disposal of excreta |  |
| 16 | Exercise facilities |  |
| 17 | Description of isolation facilities for the control of infectious diseases |  |
| 18 | Are you (or have you ever been) disqualified from: |  |
|  | * keeping a boarding establishment for animals? |  |
|  | * keeping a pet shop? |  |
|  | * keeping a dog? |  |
|  | * having the custody of animals? |  |