Email:

Section 1: Licence Details To be completed by all applic	cants	
Is this a new or renewal application?	☐ New ☐ Renewal Licence Ref:	
Will the Licence be held by an Individual or a Company/ Partnership/other Organisation?	☐ Individual ☐ Company/Partnership/Organisation	
Section 2: Your Details To be completed by all individual company, partnership or organisation detailed at Section 6	applicants or by the person applying on behalf of a	
First name(s):	Surname:	
Former name/s (if applicable):	Phone number:	
Home address (inc. postcode):	Date of birth	
	Place of birth:	
Email:		
What is your relationship to the business:		
Will you be responsible for the day to day management of the business?	☐ Yes☐ No (please also complete section 3)	
Will you be at or within a reasonable distance of the premises at all times?	☐ Yes☐ No (please also complete section 4)	
Section 3: Person responsible for day to day management of the business (if different from section 2)		
First name(s):	Surname:	
Former name/s (if applicable):	Phone number:	
Home address (inc. postcode):	Date of birth:	
	Place of birth:	

Section 4: Person who will be at or within a reasonable from section 2).	e distance of the premises at all times (if different	
First name(s):	Surname:	
Former name/s (if applicable):	Phone number:	
Home address (inc. postcode):	Date of birth:	
	Place of birth:	
Email:		
Section 5: Premises details To be completed by all applica	nts	
Is the premises address, phone number and email address the same as section 2? If there are more than one premises please attach a separate sheet giving the requested details in respect of each location.	☐ Yes ☐ No	
Premises Address (inc. postcode):	Premises phone number:	
Premises email:		
Section 6: Directors/Partners of the organisation To be Organisation is applying for the licence	pe completed if a Company/Partnership/other	
Name of the Company/Partnership/other Organisation		
Address		
Email		
Company Registration Number:		
Registered Partnership Number.		
Registered Charity Number		
How many Directors/Partners/Trustees/other persons having co	ntrol of the organisation, does the organisation have?	
Please provide details for first Director/Partner/Trustee – if t sheet giving the personal details of each Director/Partner/Tr		
First name(s):	Surname:	
Former name/s (if applicable):	Phone number:	
Home address (inc. postcode):	Date of birth:	
	Place of birth:	

Email:			

Section 7: Emergency contact (A second individual who can provide access to the premises) To be completed by all applicants			
First Name(s):		Surname:	
Home Address (inc. postcode):			
Phone number: Email:			
Section 8: Pet rehoming details To be completed by all applicants			
Which animals are you intending	Animal Species (Stat	a avant spacios)	Maximum number of

Home Address (<i>inc. postcode</i>):			
Phone number:		Email:	
Section 8: Pet rehoming detail	Is To be completed by	all applicants	
Which animals are you intending to keep?	Animal Species (State exact species)		Maximum number of animal intending to be kept
	□ Dogs		
	□ Cats		
	□ Rabbits		
	□ Guinea Pigs		
	☐ Arachnids		
	E.g. Tarantulas, etc.		
	☐ Fish E.g. Tropical or Cold Wa	ater	
	☐ Amphibians		
	E.g. Toads, Frogs etc.		
	☐ Reptiles E.g. Snakes, Lizards, To	ortoises, etc.	
	☐ Birds E.g. Parrots, Budgerigars, Finches etc.		
	☐ Wildlife E.g. Hedgehogs, hares		
	☐ Any other Species E.g. Please specify	5	
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Section 9: Animal Accommodation To be completed by all applicants. **Note: For each species of animal provide the type of accommodation. If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions.

attach a separate sheet of paper an	swering all the questions.
What type of accommodation is used to house the different species of animal?	
State the material each type of accommodation is made from.	
What are the dimensions of the accommodation?	Height: Depth: Width:
Kennels, cattery, hutch, tank etc	
How will the accommodation be heated?	
How will the accommodation be ventilated?	
How will the humidity/temperature be monitored within the accommodation?	
What material is provided within the accommodation to represent a natural habitat?	
(Where required)	
What process is in place to clean	
the accommodation?	
What lighting is available within the accommodation?	
State which water source is used for the premises	E.g. mains supply, private supply etc.
What arrangements are in place for the disposal of excreta?	
What arrangements are in place for the disposal of other waste material?	
Describe the process for the control of infectious diseases including the location of the isolation facility.	
Are you transporting any animal over 65km?	□ Yes □ No

Section 10: Health and Safety To be completed by all applicants	
Have you provided a copy of your written policy & procedure which details the protection of animals and persons in case of fire or other emergency (including emergency exits)? Yes – Copy provided No – State the reason a copy has not been provided	
Have you provided a copy of the information to be supplied to the purchaser on the appropriate care of the animals to be rehomed as a pets? ✓ Yes − Copy provided No − State the reason a copy has not been provided pets?	
Do you have your insurance documents? If applicable. □ Yes – Copy to be provided with the application □ No – A copy must be sent within a week of approval	of the application
Name and address of your Vet (inc. postcode): Vet phone number:	

Section 11: Experience and Qualifications To be completed by all applicants		
Detail any relevant qualifications and certificates held by any one named in this application or employed by the organisation	Provide copies with the application	
Describe any relevant experience held by anyone named in this application or employed by the organisation.		
Do you use foster homes to provide accommodation whilst awaiting suitable homes?		
Please indicate the number of foster homes		

Section 12: Previous licence refusals and offence	To be completed by all applicants
Has anyone named in this application ever been disqualified under the Animal Health and Welfare (Scotland) Act 2006 the Animal Welfare Act 2006, the Welfare of Animals Act (Northern Ireland) 2011 and the Protection of Animals (Amendment) Act 1954.	□ No □ Yes – Please provide details
from:	
 Owning or keeping animals (or both) 	
dealing in animals	
 transporting animals; arranging their transport 	
 working with or using animals 	
 providing any service relating to animals 	
(including, in particular, for their care) which	
involves taking possession of animals	
 taking possession of animals for the purpose of; 	
an activity in respect of which a disqualification	
mentioned above is imposed; riding or driving	
them	
 taking charge of animals for any, or any other, purpose 	
 participating in keeping animals, being a party 	
to an arrangement which entitles the control	
or influence of the way in which animals are	
kept	
 having custody of any animal or any specified 	
kind of animal	

Section 13: Declarations To be completed by all applicants. It is a CRIMINAL OFFENCE for the purpose of obtaining or holding a licence to make a statement required by or under the Regulations to a licensing authority (or someone acting on its behalf) which you know, or ought reasonably to have known, is to a material extent false or misleading, or to recklessly make a statement required by or under the Regulations to the licensing authority (or somebody acting on its behalf) which is to a material extent false or misleading. The penalty for such an offence is a fine not exceeding £40,000, or to imprisonment for a term not exceeding 12 months, or both. I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief, the particulars provided by me/us are true.

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Angus Council to assess your Application. In particular the information will be used by the inspector who will report to Angus Council on the Application. The information may be shared with appropriate professionals or service providers to support your application.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website, Email or phone

Please return the completed application form to:

Angus C	Council
Angus F	louse
Orchard	bank Business Park
FORFAI	२
DD8 1A	N
<u>Paymer</u>	<u>nt</u>
Applicat	ions will not be processed until the appropriate application fee is paid.
Paymen using):	t can be made by one of the following options (please tick which option you are
	heque - made payable to Angus Council. Please return cheque with application orm to the address above.
а	redit/debit card – by calling Angus Council. Please quote the type of licence you re applying for, and if renewing an existing licence, quote your licence no. detailed n covering letter.
В	y EBACS – Please quote the licence type and your licence no. as reference: Account Name - Sort code - Account No -

Please note the fee charged is for the processing of the Licence. No refund will be given if an application is refused or is withdrawn.