



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

Application for a licence to operate a riding establishment

Standard applicant profile section					
Reference number					
System reference Number					
Your reference					
Agent					
Are you an agent acting on behalf of the applicant		yes		No	
Further information about the Agent					
Name					
Address					
Email					
Main telephone number					
Other telephone number					
Applicant details					
Name					
Address					
Email					
Main telephone number					
Other telephone number					
Applying as a business or organisation, including a sole trader		Yes		No	
Applying as an individual		Yes		No	
Further information about the applicant					
Date of birth					
Applicant Business					
Is your company registered with companies house		yes		No	
Registration Number					
Is your business registered outside the UK					
VAT Number					
Legal status of the business					
Your position in the business					
The country where your head office is located.					
Business Address – This should be your official address – The address required of you by law to receive all communication					
Building name or number					
Street					
District					

City or Town	
County or administrative area	
Post Code	
Country	

Please complete all the questions in the form.
If you have nothing to record, please state "Not applicable" or "None"

Type of Application					
Type of Application	New		Renewal		
Existing licence number					
Further information about the applicant					
Date of birth					

Establishment to be licensed			
Name of premises/trading name			
Address of premises			
Telephone number			
Email address			
Is the establishment open throughout the year?	Yes / No		
When is it normally open?			
Do you have planning permission for this business use.	Yes/No		

Accommodation and facilities	
Please describe the accommodation available for horses:	
Stalls (please give the number)	
Boxes (please give the number)	
Covered yard (please give dimensions)	
Open yard (please give dimensions)	
Please describe the land available for:	
Grazing	
Instructing or demonstrating	
Exercise	
Please describe the accommodation available for:	
Forage and bedding	
Equipment and saddlery	
Please 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	

Horses		
How many horses are kept under the terms of the Act at the present time?		
How many horses is it intended to keep under the terms of the Act during the year?		
Please provide details of all the horses currently kept		
Name of horse		
Description including size		
Sex		
Age		
Horse passport number		
Purpose for which horse is kept		
Age range of people who ride this horse		
Add another horse?	Yes/No	

Management of the establishment		
Name & Address of the manager/person with direct control of the establishment		
Does the manager have any of the following certificates? (tick all that apply)		
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		
Please give details of the manager's experience in the management of horses		
Does a responsible person live at the establishment?	Yes / No	
What are the arrangements in the event of an emergency?		
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	
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Veterinary surgeon		
Name of usual veterinary surgeon		
Company name		
Address		
Telephone number		
Email address		

Public liability insurance			
Do you have public liability insurance?	Yes / No	If no, go to question 8.9	
If yes, please provide details of the policy			
Insurance company			
Policy number			
Period of cover			
Amount of cover (£m)			
Does this policy:			
Insure against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving instruction in riding, provided by you in return for payment?	Yes / No		
Insure against liability arising out of such hire or use of a horse?	Yes / No		
Insure such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use?	Yes / No		
Please state what steps you are taking to obtain such insurance			

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 the Animal Welfare Act 2006?	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		

Disqualifications and convictions		
If yes to any of these questions Please provide details,		

Additional details		
Please check local guidance notes and conditions for any additional information which may be required		
Additional information which is required or may be relevant to the application		

Payment	
Payment must be made at the time of making the application	

Model Licence Conditions & Guidance		
All applicants to tick that they have read the applicable model licence conditions & guidance		
Pet Vending		
Animal Boarding		
Performing Animals		
Riding Establishments		
The Breeding and Sale of Dogs		

Additional Information		
Please attach the following Information		
A plan of the premises		
Insurance policy		
Operating procedures		
Risk Assessments (including Fire)		
Infection control procedure		
Qualifications		
Training records		

Declaration		
This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant.		
I am aware of the provisions of the relevant Act and model licence conditions. The details contained 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		
Full Name		
Capacity		
Date		