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| **Section 1: Licence Details** To be completed by all applicants | |
| Is this a new or renewal application? | New  Renewal Licence Ref: AWE/PK/ |
| Will the Licence be held by an Individual or a Company/ Partnership? | Individual  Company/Partnership |

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| **Section 2: Your Details** To be completed by all applicants | |
| First name(s): | Surname: |
| Maiden name (*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) |

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| **Section 3: Person responsible for day to day management of the business** (if different from section 2) | |
| First name(s): | Surname: |
| Maiden name (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 4: Person who will be at or within a reasonable distance of the premises at all times** (if different from section 2). | |
| First name(s): | Surname: |
| Maiden name (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 5: Premises details** To be completed by all applicants | |
| Is the premises address, phone number and email address the same as section 2? | Yes  No |
| Premises Address (*inc. postcode*): | Premises phone number: |
| Premises email: | |
| Registered Charity Number: | |

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| **Section 6: Directors/Partners of the business** To be completed if a Company/Partnership is applying for the licence | |
| Name of the Company/Partnership: | |
| How many Directors/Partners does the business have? | |
| **Please provide details for first Director/Partner – if there is more than one please attached a separate sheet giving each Director/Partner’s personal details** | |
| First name(s): | Surname: |
| Maiden name (*if applicable*): | Phone number: |
| Home address (*inc. postcode*): | Date of birth: |
| Place of birth: |
| Email: | |

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| **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: |

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| **Section 8: Pet rehoming details** To be completed by all applicants | | |
| Which animals are you intending to keep? | Animal Species (State exact species) | Maximum number of animals intending to be kept |
| □ Dogs |  |
| □ Cats |  |
| □ Rabbits |  |
| □ Guinea Pigs |  |
| Arachnids  *E.g. Tarantulas, etc.* |  |
| Fish  *E.g. Tropical or Cold Water* |  |
| Amphibians  *E.g. Toads, Frogs etc.* |  |
| Reptiles  *E.g. Snakes, Lizards, Tortoises, etc.* |  |
| Birds  *E.g. Parrots, Budgerigars, Finches etc.* |  |
| Wildlife  *E.g. Hedgehogs, hares* |  |
| Any other Species  *E.g. Please specify* |  |

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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. | |
| 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?  *Kennels, cattery, hutch, tank etc* | Height:  Depth:  Width: |
| 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 |

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| **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 | |
| 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: |

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| **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 business. | *Provide copies with the application* |
| Describe any relevant experience held by anyone named in this application or employed by the business. |  |
| Do you use foster homes to provide accommodation whilst awaiting suitable homes?  *Please indicate the number of foster homes* |  |

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| **Section 12: Previous licence refusals and offences** To be completed by all applicants | |
| Has anyone named in this application ever been disqualified under the Animal Health and Welfare (Scotland) Act 2006 from:   * owning or keeping animals (or both) * dealing in animals * transporting animals * 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 * taking charge of animals for any, or any other, purpose | No  Yes – Please provide details |

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| **Section 13: Declarations** To be completed by all applicants. | |
| **I/WE HEREBY CERTIFY** that to the best of my/our knowledge and belief, the above particulars are true.  Applicant Signature: | Date: |

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| **HOW WE USE YOUR PERSONAL INFORMATION** |
| The information provided by you will be used by Perth & Kinross Council to assess your 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* [*www.pkc.go.uk/dataprotection*](http://www.pkc.go.uk/dataprotection)*,*  *email* [*dataprotection@pkc.gov.uk*](mailto:dataprotection@pkc.gov.uk) *or phone 01738 477933.* |

**Please return the completed application form to:**

**Perth and Kinross Council**

**Animal Welfare Department**

**Pullar House**

**35 Kinnoull Street**

**Perth**

**PH1 5GD**

**Payment**

Applications will not be processed until the appropriate application fee is paid.

Payment can be made by one of the following options (please tick which option you are using):

**Cheque** - made payable to Perth & Kinross Council. Please return cheque with application form to the address above.

**Credit/debit card** – by calling Perth & Kinross Council Customer Service Centre on 01738 476476. Please quote the type of licence you are applying for, and if renewing an existing licence, quote your licence no. detailed on covering letter.

**By EBACS** – Please quote the licence type and your licence no. as reference:

Account Name - Perth & Kinross Council Main Account

Sort code - 83-47-00

Account No - 11571138

**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.**

**Should it be necessary to request another agency or veterinary surgeon to conduct an inspection, this will be recharged to the applicant.**