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

Please complete all Sections 1 – 8 with as much information as possible. Any omissions or errors may delay the processing of your application. NEW APPLICATION RENEWAL								
1. DETAILS OF APPLICANT								
Status	[Sole Trader]		Partnership					
	[Limited Company]		[Other – state]					
Name(s)/Company								
Address								
Contact details								
2. ESTABLISHMENT								
Trading Name								
Address								
Contact details	EMAIL							
	Mobile Phone							
	Work Phone							

3. MANAGEMENT ARRANGEMENTS Name Address Contact details 4. ACCOMMODATION AND FACILITIES a) Number and size of rooms at the premises b) Heating arrangements c) Method of ventilation d) Lighting arrangement (both natural and artificial) e) Water supply f) Facilities for food storage and preparation g) Arrangements for disposal of excreta, bedding and other waste material h) Isolation facilities for the control of infectious diseases i) Fire precautions/equipment and arrangements in the case of fire j) Arrangements for keeping a register/record of animals k) Normal times of attendance at the premises when they are closed to public I) Details of training certificates or other

pet management

qualification and experience in

5. SCHEDULE OF ANIMALS

Type of animals**	Genus and Species Names	Proposed numbers	Details of accommodation	Minimum age at which to be sold
Eg Rose Ring Parakeet	Psittacula Krameri	4	Cage - 0.675m2	

6. DISQUALIFICATIONS AND CONVICTIONS Has the applicant or any person who will have control or management of the establishment ever been:-								
a) disqualified from keeping a establishment, riding establish		YES/NO						
b) convicted of any offence(s) Legislation?	ildlife Y I	ES/NO						
c) refused a licence or had one	Y	ES/NO						
If YES provide further details								
7. SUPPORTIVE INFORMATION	N							
Please provide any additional su application:		l is relevant to yo	our					
8. DECLARATION I/we certify that to the best of my/apply for a licence to keep a pet spremises specified.				and				
I/we enclosed the sum of ${\bf \mathfrak L}$	being the amount of fee pa	yable for the lice	ence.					
Signed	Date	D D / M N	M M / 2 0)				
Designation								
This form should be completed and returned with the fee (cheques to be made payable to								

This form should be completed and returned with the fee (cheques to be made payable to NEDDC) Joint Environmental Health Service, Bolsover District Council and North East Derbyshire District Council, District Council Offices, 2013 Mill Lane, Wingerworth, Chesterfield S42 6NG.

NB. The Council will wish to be satisfied that the requirements are being complied before the licence is issued.

SHOULD THE COUNCIL DEEM IT NECESSARY TO CONSULT A VETERINARY SURGEON THE CHARGES INCURRED WILL BE RECOVERED FROM THE APPLICANT IN ADDITION TO THE LICENCE FEE