

Licensing Authority  
Legal, Licensing & Democratic Service  
East Devon District Council  
Council Offices  
Knowle  
Sidmouth  
Devon  
EX10 8HL



Ref: EDAB1

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East Devon District Council**

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East Devon District Council  
Council Offices, Knowle  
Sidmouth, Devon, EX10 8HL

Tel: 01395 517410/411

**ANIMAL BOARDING ESTABLISHMENTS ACT 1963**

**Application for Licence to keep a  
Boarding Establishment for Animals**

<b>FOR OFFICE USE ONLY</b>	Date copied to Vet/EHO:	
Fee: £	Date of Inspection:	Licence No:
Received:	Recommendation:	Issued:

Please complete in block capitals or type. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

<b>1. YOUR PERSONAL DETAILS</b>			
<b>FIRST APPLICANT</b>			
<b>TITLE</b> (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname			
Forenames			
I am 18 years old or over. Please tick ✓			
			Yes
			No
<b>ADDRESS WHERE ORDINARILY RESIDENT</b>			
<b>Post town</b>		<b>Post code</b>	
<b>TELEPHONE NUMBERS</b>			
Daytime			
Evening			
Mobile			
<b>FAX NUMBER</b>			
<b>E-MAIL ADDRESS</b>			
<b>SECOND APPLICANT</b> (if applicable)			
<b>TITLE</b> (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname			
Forenames			
I am 18 years old or over. Please tick ✓			
			Yes
			No
<b>ADDRESS WHERE ORDINARILY RESIDENT</b>			
<b>Post town</b>		<b>Post code</b>	
<b>TELEPHONE NUMBERS</b>			
Daytime			
Evening			
Mobile			
<b>FAX NUMBER</b>			
<b>E-MAIL ADDRESS</b>			

## 2. BOARDING ESTABLISHMENT PARTICULARS

Name and address of Boarding Establishment			
Post Code		Telephone No	

a) Please detail the number of quarters in which animals are/will be accommodated **and maximum number of animals.**

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b) Specify the size of the quarters (layout/exercise area).

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c) Please detail the construction of quarters (walls/partitions/ floors/ceilings/doors/windows).

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d) Please describe the heating arrangements.

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e) What ventilation arrangements are in place?

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f) What arrangements are in place for drainage and disposal of excreta?

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g) Please give details of lighting arrangements (natural/artificial).

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h) Please give details of water supply facilities.

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i) Describe what arrangements you have for food storage.

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j) What kitchen facilities are available for food preparation?

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k) Please provide a description of isolation facilities for the control of infectious diseases.

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l) Please describe your accident emergency plan and fire safety precautions on site.

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m) Name, Address and Tel No of usual Veterinary Surgeon

**I/WE HEREBY DECLARE** that I/we am/are over 18 years of age and not disqualified by being convicted of any offence at any time under the Protection of Animals Act 1911; the Pet Animals Act 1951; the Animal Boarding Establishment Act 1963; or the Animal Welfare Act 2006 under sections 4, 5, 6 (1) & (2), 7 to 9 and 11.

**I/WE HEREBY APPLY** for a licence to keep an animal boarding establishment and enclose the appropriate licence fee and a current certificate of insurance.

**I/WE DO HEREBY CERTIFY** that to the best of my/our knowledge and belief, the particulars contained in this application are correct and true.

Signed (1<sup>st</sup> Applicant):..... Date: .....

*Capacity if applicant(s) sign on behalf of a Company or Partnership .....*

Signed (2<sup>nd</sup> Applicant):..... Dated .....

*Capacity if applicant(s) sign on behalf of a Company or Partnership .....*

**THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE  
(£3 per animal – Minimum Fee £80 – Maximum Fee £120)**

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.