

Standard applicant profile section 1

| 1 | Receipt Number | |
|---|----------------|--|

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

| 2 | Agent | | | | |
|--------------|---|---------------------|-------------------|-------------------------|---|
| 2.1 | Are you an agent acting on behalf of the applicant | yes | No | If no go to 3 | М |
| 2b | Further information about the Agent | <u> </u> | | | |
| 2.2 | Name | | | | |
| 2.3 | Address | | | | |
| 2.4 | Email | | | | |
| 2.5 | Main telephone number | | | | |
| 2.6 | Other telephone number | | | | |
| _ | | | | | |
| 3 3.1 | Applicant details | | | | |
| 3.2 | Name | | | | |
| 3.3 | Address | | | | |
| 3.4 | Email | | | | |
| 3.5 | Main telephone number | | | | |
| | Other telephone number | | | <u> </u> | |
| 3.6 | Applying as a business or organisation, including a sole trader | Yes | No | | |
| 3.7 | Applying as an individual | Yes | No | | |
| | | | | | |
| 4 | Applicant Business | T T | 1 | T | |
| 4.1 | Is your company registered with companies house | yes | No | If no go to 4.3 | М |
| 4.2 | Registration Number | | | | |
| | | | | | |
| 4.3 | Is your business registered outside the UK | | | | |
| 4.4 | VAT Number | | | | |
| 4.5 | Legal status of the business | | | | |
| 4.6 | Your position in the business | | | | |
| 4.7 | The country where your head office is located. | | | | |
| 4b | Business Address – This should be you receive all communication | ur official address | - The address red | quired of you by law to | • |
| 4.8 | Building name or number | | | | |
| 4.9 | Street | | | | |
| 4.10 | District | | | | |
| 4.11 | City or Town | | | | |
| 4.12 | County or administrative area | | | | |
| 4.13 | Post Code | | | | |
| 4.14 | Country | | | | |
| | | | | | |



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

Application for a licence to operate a riding establishment

| 1 | Standard applicant profile section | | | | | |
|------|---|-----------------|------|----------|-------------------|--|
| | | | | | | |
| 2 | Type of Application | | | | | |
| 2.1 | Type of Application | New | F | Renewal | If new, go to 2.3 | |
| 2.2 | Existing licence number | | | | | |
| | Further information about the applicant | | | | | |
| 2.3 | Date of birth | | | | | |
| | | | | | | |
| 3 | Establishment to be licensed | | | | | |
| 3.1 | Name of premises/trading name | | | | | |
| 3.2 | Address of premises | | | | | |
| 3.3 | Telephone number | | | | | |
| 3.4 | Email address | | | | | |
| 3.5 | Is the establishment open throughout the y | ear? | | Yes / No | | |
| 3.6 | When is it normally open? | | | | | |
| 3.7 | Do you have planning permission for this business use. | Yes/No | | | | |
| | | | | | | |
| 4 | Accommodation and facilities | | | | | |
| | Please describe the accommodation av | ailable for hor | ses: | | | |
| 4.1 | Stalls (please give the number) | | | | | |
| 4.2 | Boxes (please give the number) | | | | | |
| 4.3 | Covered yard (please give dimensions) | | | | | |
| 4.4 | Open yard (please give dimensions) | | | | | |
| | Please describe the land available for: | | | | | |
| 4.5 | Grazing | | | | | |
| 4.6 | Instructing or demonstrating | | | | | |
| 4.7 | Exercise | | | | | |
| | Please describe the accommodation av | ailable for: | | | | |
| 4.8 | Forage and bedding | | | | | |
| 4.9 | Equipment and saddlery | | | | | |
| | Please describe the arrangements in pla | ace for: | | | | |
| 4.10 | Water supply and watering horses | | | | | |
| 4.11 | Disposal of animal waste | | | | | |
| 4.12 | Protection of horses in event of a fire, and fire precautions | | | | | |



| 5 | Horses | | | |
|------|--|----------------|---------------------------|--|
| 5.1 | How many horses are kept under the terms of the Act at the present time? | | | |
| 5.2 | 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 | | |
| 5.3 | Name of horse | | | |
| 5.4 | Description including size | | | |
| 5.5 | Sex | | | |
| 5.6 | Age | | | |
| 5.7 | Horse passport number | | | |
| 5.8 | Purpose for which horse is kept | | | |
| 5.9 | Age range of people who ride this horse | | | |
| 5.10 | Add another horse? | Yes/No | If yes, repeat 5.3 to 5.9 | |

| 6 | Management of the establishment | |
|-----|---|-----------|
| 6.1 | Name & Address of the manager/person with direct control of the establishment | |
| 6.2 | Does the manager have any of the following certificates? (tick all th | at 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 | |
| 6.3 | Please give details of the manager's experience in the management of horses | |
| 6.4 | Does a responsible person live at the establishment? | Yes / No |
| 6.5 | What are the arrangements in the event of an emergency? | |
| 6.6 | Will a person who is under 16 years of age be left in charge of the establishment at any time? | Yes / No |
| 6.7 | 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 |

| 7 | Veterinary surgeon | |
|-----|----------------------------------|--|
| 7.1 | Name of usual veterinary surgeon | |
| 7.2 | Company name | |
| 7.3 | Address | |
| 7.4 | Telephone number | |
| 7.5 | Email address | |



| 8 | Public liability insurance | | | | | |
|-----|--|------------------------|-------------------|----------|-------------------|--|
| 8.1 | Do you have public liability insurance? | Yes / No | If no, go to ques | tion 8.9 | | |
| | If yes, please provide details of the policy | · | · | | | |
| 8.2 | Insurance company | | | | | |
| 8.3 | Policy number | | | | | |
| 8.4 | Period of cover | | | | | |
| 8.5 | Amount of cover (£m) | | | | | |
| | Does this policy: | · | | | | |
| 8.6 | Insure against liability for any injury sustair for riding and those who use a horse in the provided by you in return for payment? | | | Yes / No | If yes to | |
| 8.7 | Insure against liability arising out of such h | ire or use of a horse? | | Yes / No | all, go to 9.1 | |
| 8.8 | Insure such hirers or users in respect of an them in respect of injury to any person cau use? | | | Yes / No | | |
| 8.9 | Please state what steps you are taking to obtain such insurance | | | | | |

| 9 | Disqualifications and convictions | | |
|-----|--|--|--|
| | Has the applicant, or any person who will have control or madisqualified from: | nagement of the establishment, ever been | |
| 9.1 | Keeping a pet shop? | Yes/No | |
| 9.2 | Keeping a dog? | Yes / No | |
| 9.3 | Keeping an animal boarding establishment? | Yes/No | |
| 9.4 | Keeping a riding establishment? | Yes/No | |
| 9.5 | Having custody of animals? | Yes/No | |
| 9.6 | 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 | |
| 9.7 | 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 | |
| 9.8 | If yes to any of these questions Please provide details, | | |

| 10 | Additional details | | |
|------|--|--|--|
| | Please check local guidance notes and conditions for | any additional information which may be required | |
| 10.1 | Additional information which is required or may be relevant to the application | | |



Standard payment and declaration section

| 1 | Payment |
|-----|--|
| 1.1 | Payment must be made at the time of making the application |

| 2 | Model Licence Conditions & Guidance | |
|---|--|--|
| | All applicants to tick that they have read the applicable model licence conditions & guidance | |

| 3 | Additional Information |
|-----|---|
| | Please attach the following Information |
| 3.1 | A plan of the premises |
| 3.3 | Insurance policy |
| 3.4 | Operating procedures |
| 3.5 | Risk Assessments (including Fire) |
| 3.6 | Infection control procedure |
| 3.6 | Qualifications |
| 3.7 | Training records |

| 4 | Declaration | |
|-----|---|--|
| 4.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. | |
| 4.2 | 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. | |
| 4.3 | Ticking this box indicates you have read and understood the above declaration | |
| 4.4 | Full Name | |
| 4.5 | Capacity | |
| 4.6 | Date | |

5 GDPR statement

Legal Requirement

The Isle of Wight Council is the data controller for the personal information you provide on this form. The council's Data Protection Officer can be contacted at dpo@iow.gov.uk. You can contact the council by phone on 01983 821000, or by writing to us at County Hall, High Street, Newport, IW PO30 1UD.

Your information will be used to allow the Council to process your application. In accordance with Data Protection law, the legal basis for this is for the performance of a task carried out in exercise of official authority. Your information will be shared with other council departments relevant external bodies for the purposes of processing your application.

We will keep your personal data for 6 years <u>or</u> as long as we are required to do so under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website <u>www.iwight.com</u>.

For further details on how your information is used; how we maintain the security of your information; and your rights, including how to access information we hold on you, and how to complain if you have any concerns about how your personal details are processed, please visit www.iwight.com or email <a href="documents-documen