

ANIMAL HEALTH AND WELFARE (SCOTLAND) ACT 2006

THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) (SCOTLAND) REGULATIONS 2021

**Application for the Grant or Renewal of a Licence
For the Breeding of Dogs**

PART A: About The Applicant

To be completed if a natural person (Individual)

Surname *(include any other surname you may have been known by):*

.....

Forename:

Home Address:

..... Post Code

Tel No: E-mail Address

Date of Birth: Age:

Place of Birth:

National Insurance Number:

Is Applicant to Carry out Day to Day Management of the Activity: YES/NO

To Be Completed If A Non-Natural Person (Organisation, Company, Partnership etc)

Name:

Address of Principal Registered Office:

..... Post Code

Tel No of Principal Registered Office:

E-mail Address of Principal Registered Office:

Name, Home Address, Dates of Birth and Place of Birth of All Directors,
Partners or Other Persons Responsible for Management:

PART B – DAY TO DAY MANAGER

To be completed by the Day to Day Manager of the Activity

Surname *(include any other surname you have been known by)*:

.....

Forename:

Home Address:

..... Post Code:

Tel No: E-mail Address:

Date of Birth: Age:

Place of Birth:

National Insurance No:

PART C – GRANT OR RENEWAL OF LICENCE

Grant / Renewal *(Delete as appropriate)*

Location(s) from Which the Activity is to be Operated:

.....

.....

Are you the Owner of the Site: YES / NO

If No, a letter of consent from the owner is required to be submitted with this application.

<p>Maximum No of Dogs at Establishment</p>	<p>Breeding Bitches: Stud Dogs: Retired Dogs: Total No Excluding Pups: Type of Breeds:</p>
<p>How Many Litters are Bred in any 12 Month Period</p>	
<p>Description of premises and accommodation for dogs, including type of construction of accommodation</p> <p><i>(In the case of new premises detailed plans must be submitted.)</i></p>	<p>Walls: Floors: Ceilings: Lighting:</p>
<p>Give details of accommodation used for whelping</p>	
<p>Provide details of sleeping and exercise areas</p>	
<p>State isolation facilities for control of infectious diseases</p>	

Indoor/Outdoor Breeder (<i>indoor breeders maintain their stock wholly or partially within their own private dwellinghouse</i>)	INDOOR / OUTDOOR
State method of water supply and food storage	
State arrangements for disposal of excreta and other waste material	
Is a responsible person at all times, or within a reasonable distance, of the premises?	YES / NO
Are you a Member of an Assured Dog Breeder Scheme? If Yes, provide details of scheme and membership reference.	YES / NO
Name, Address and Telephone Number of Veterinary Surgeon	

PART D – DECLARATIONS

Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named on this form been convicted of any crime or offence in terms of animal welfare, or any other crime or offence: YES / NO

If Yes Provide particulars below (<i>NB all crimes and offences must be declared</i>)				
NAME	DATE	COURT	OFFENCE	SENTENCE

Has any party named in Parts A or B ever held or currently hold a licence for the breeding or sale of any animal: YES / NO

If Yes, name of Person:

When was the Licence Granted:

When Does the Licence Expire:

Which Authority Granted the Licence:

Has any party named in Parts A or B ever been refused a Licence for the breeding and sale of any animal: YES / NO

If Yes, name of Person:

When was the Licence Refused:

Which Authority Refused the Licence:

Has any person mentioned in Parts A or B ever been banned from keeping any animal: YES / NO

If Yes, name of Person:

Provide Details:

.....

I/We declare that the particulars given by me on this form are correct to the best of my/our knowledge and belief.

Signature of applicant

Signature of day to day manager

Date:

Any person who in, or in connection with the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material particular shall be found guilty of an offence and liable, on summary conviction. Please return the completed application form and relevant documents to licensing@east-ayrshire.gov.uk, and a Member of the Licensing Team will contact you for

payment of the relevant fee of £150. Alternatively, you can post the application to The Chief Governance Officer, Licensing Unit, Council Headquarters, London Road, Kilmarnock, KA3 7BU. **Please note that the application fee is non-returnable. Please also note that if this is a new application, a veterinary inspection of the proposed premises will be required and the appropriate fee will be invoiced in due course.**

DATA PROTECTION ACT 2018

Please note that the information given on this form may be stored electronically by this Authority for the purpose of licensing.

The Identity of the Data Controller under the Data Protection Act 2018 (“the Act”)

East Ayrshire Council, London Road, Kilmarnock, KA3 7BU (“the Council”)

The purpose or purposes for which the data are intended to be processed

The Data will be processed in order for East Ayrshire Council to fulfil its statutory duty under the Animal Welfare (Licensing of Activities Involving Animals) (Scotland) Regulations 2021, in receiving, registering, determining and granting applications for licenses under the said Act. The Data will be shared with public bodies who require to be consulted about the application, such as the Police. It will also be shared with internal East Ayrshire Council services, particularly within the Environment Health Department who give advice to the Council as Licensing Authority, in respect of the application.

East Ayrshire Council 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.

Further information can be obtained from:

The Data Protection Officer
Council Headquarters
London Road
Kilmarnock
KA3 7BU

information.governance@east-ayrshire.gov.uk