



Environment & Neighbourhoods
Health and Safety Service
Millshaw Park Way
Churwell
Leeds
LS11 0LS

APPLICATION FOR A LICENCE FOR HOME BOARDING (DOGS) Animal Boarding Establishments Act 1963

*Please complete the application form in **BLOCK CAPITALS***

Full Name of Applicant:		
Home Address:		
Post code:	Home Telephone No:	Mobile:

<u>Premises for which licence applied:</u> Occupiers Name: Address: Post code: Telephone No:	Maximum number of dogs from the same household to be boarded at anyone time on the premises.(Do not include resident dogs) <input type="text"/>
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Name of Business:	
Owner of Business:	
Business Address:	
Post code:	Telephone No:

<p>Have you, or any of your employees or other persons who will work on the premises for which a licence has been applied, ever been convicted of an offence relating to ill-treating, cruelty to, or causing suffering to an animal? YES / NO. <i>If "Yes" give full details below, continue on a separate sheet if necessary</i></p>
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Are you, or any of your employees or other persons who will work on the premises for which a licence has been applied:

a) disqualified from keeping a pet shop, an animal boarding, or a dog breeding establishment?

YES/NO

b) disqualified from keeping or having custody of any type of animal? **YES/NO**

IF YES PLEASE GIVE DETAILS BELOW (continue on a separate sheet if necessary)

PLEASE LIST DETAIL OF RESIDENT DOG/S

NAME	BREED	AGE	COLOUR	SEX
NAME	BREED	AGE	COLOUR	SEX
NAME	BREED	AGE	COLOUR	SEX

- ◆ I/We hereby apply for a licence to keep an establishment for the home boarding of dogs at the premises specified above.
- ◆
- ◆ I/we confirm that I have read a copy of the model standards for home boarding establishments and I/we agree to abide by them.
- ◆ I/We enclose the appropriate licence fee (cheques to be made payable to "Leeds City Council") or I/We confirm that I/we have paid the licence fee by telephone payment (**Delete as appropriate**)
- ◆ I/We enclosed **PHOTOCOPIED** proof of adequate and suitable public liability insurance cover and, where necessary.
- ◆ I confirm that at no time will the licensed premises or any animal on those premises be left in the charge of a person under 16 years of age.
- ◆ I/We confirm the details contained in the application form are correct to the best of my/our your knowledge
- ◆ I confirm that there are no children under 5 years of age reside at the premises.

Signature of Applicant(s):

Print:

Date:

Office Use

Receipt: Telephone reference: AHB	payment /20	Licence:	Date Issued:	Your Ref: AHB
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