



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

## Pet Animals Act 1951 APPLICATION FOR A LICENCE TO KEEP A PET SHOP

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

Full Name of Applicant/s	Date of Birth:
Home Address:	
Post code:	Telephone No:

<b><u>Premises for which licence applied:</u></b> Trading Name: Address: Post code: Telephone No:	<b><u>Name of Person who will Manage or Control the Establishment:</u></b>  <b><u>Name and address of keyholder</u></b>
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Is the person applying for a licence the owner of the business operating at the premises for which a licence is being applied? <b>YES / NO.</b> If "NO" give: Full Name of Owner of Business: Home Address: Post code: Telephone No:
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<b>Have you, or any of your employees or other persons who will work on the premises</b> for which a licence has been applied, been convicted of <b>any</b> offence relating to ill-treating, cruelty to or causing suffering to an animal? <b>YES / NO.</b> If "YES" give details overleaf.
<b>Are you, or any of your employees or other persons who will work on the premises</b> for which a licence has been applied: a) disqualified from keeping a pet shop, an animal boarding establishment, or a dog breeding establishment? b) disqualified from keeping or having custody of <b>any</b> type of animal? <b>YES / NO.</b> If "YES" give details overleaf.

**CONTINUED OVERLEAF**

**For Office Use Only**

Receipt: Telephone payment reference: PA /20	Licence:	Date Issued:	Your Ref:
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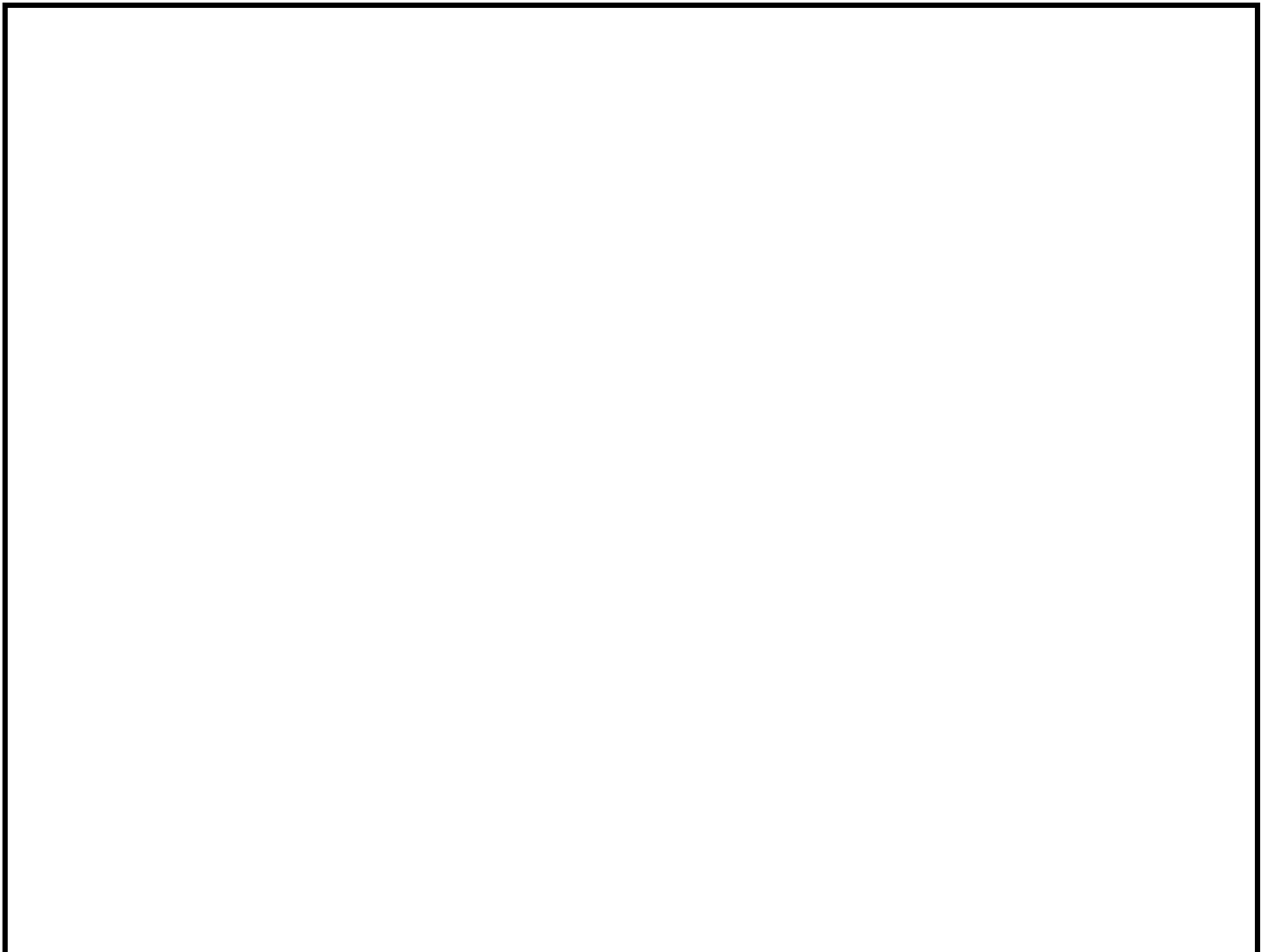
- ❖ I/we hereby apply for a licence to keep a pet shop at the premises specified above.
- ❖ I/we confirm that I/we have read a copy of the model conditions for pet shop establishments and agree to abide by it
- ❖ I confirm that at no time will the licensed premises or any animal on those premises be 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/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**)

**Signature(s) of applicant(s)** .....

**Date** .....

**Name (print)** .....|

**Please detail a simple line drawing of the establishment. Clearly identify ANY alterations since your last application. Please also indicate clearly animal pens. If no alterations have been made please enter NONE in the box below**







**SPIDERS (Species)**


**LIZARDS (Species)**


**SNAKES (Species)**


**OTHER (please detail)**


**CONTINUE ON ADDITIONAL SHEET IF NECESSARY**