Pembrokeshire County Council

ANIMAL BOARDING ESTABLISHMENTS ACT 1963 – APPLICATION FOR LICENCE TO KEEP AN ANIMAL BOARDING ESTABLISHMENT



UP TO A MAXIMUM OF 10 ANIMALS

1. Applica	<u>nt</u>				
Applicant Full Name: (Please PRINT full name/s, as this will appear on your licence) Applicant Home Address: Telephone Number: Mobile Number: E-mail address:					
•	ver been convicted or disqualified under any of the Acts listed belony declaration will be subject to the Rehabilitation of Offenders Act	1974).			
	(Tick, where applicable)	Yes	No		
	Animal Boarding Establishment Act, 1963				
	Breeding of Dogs Act, 1973				
	Pet Animal Act, 1951				
	Riding Establishments Act, 1964				
	Dangerous Wild Animals Act, 1976				
	Animal Welfare Act, 2006				
	Protection of Animals Act, 1911				
	Protection of Animals (Scotland) Act, 1912				
	Protection of Animals (Amendment) Act, 1954				
2. Premise Business N Address: Telephone Business N	se give details: es - (Kennel / Cattery / Daycare) Delete as applicable Name: Number: Mobile & Fax Number:				
Do you hav	e a nominated Manager?				

How many	staff do you employ at your establishmen	t?
i iow indiry	stan do you employ at your establishmen	
Please det any one tir	ail maximum number and type of animals ne:	to be boarded at your establishment at
	Animal Type	Maximum Total
	Cat	
	Dog	
How would	d you class your establishment?	
		(Tick, where applicable)
	Home Boarding	
	Kennel Boarding	
Where do	you intend to exercise the animals?	
		(Tick, where applicable)
	Exercise yard on premises	
	Private Land	
	Lead Walking	
Additional	information:	
3. Other I	<u>Particulars</u>	
	Practitioner Name:	
	Number	
reiebuoue	Number:	

Declaration:

- I am the occupier of the premises detailed above, and hereby make application in pursuance of the provisions of the Animal Boarding Establishment Act 1963, for a licence to keep an Animal Boarding Establishment at the premises of which particulars are given above.
- I do hereby certify that to the best of my knowledge and belief, the above particulars are true and that I am over 18 years of age:

Name:	
Signed:	
Date:	

Return application form to:

Animal Health & Welfare
Pembrokeshire County Council
County Hall
Haverfordwest
Pembrokeshire
SA61 1TP

Payment options on reverse:

Licence Payment options: Debit / Credit Card, Cash, Cheque, BACS

Licence fee payable: ANIMAL £554.00

Payment Reference: GP08AL69444GENERAL

(Trading Name) Narrative:

Date PAID:

Authorisation / Audit Code:

Debit / Credit Card – Register / Login to "My Account" on <u>www.pembrokeshire.gov.uk</u> (select "Make a payment", "More Options", "Animal Licensing", "Pay Licensing Fee")

- Cash payments will <u>only</u> be accepted via the Cashiers Desk located in County Hall, Haverfordwest, SA61 1TP. Please do not send cash in the post!
- Cheques should be made payable to "Pembrokeshire County Council" Please avoid sending cheques where possible.

BACS –

Name of Bank Account: Pembrokeshire County Council

Address of Bank: 32 High Street, Haverfordwest, Pembrokeshire, SA61 2DA

Name of Bank: Barclays Bank
Sort Code: 20-37-90
Account Number: 53671917

Please forward remittances to: remittances@pembrokeshire.gov.uk

VAT Registration Number: 655 8237 10

^{*}Please ensure to include the Payment Reference and Narrative as given above.

Please indicate below the date and method of payment chosen. No inspections can be undertaken until payment has been confirmed and a complete application received.

Payment Method	Date Payment Made	Reference
Cash		
Cheque		
BACS		
Direct Debit	Form to be sent with	
	Application	

All information that we hold concerning you as an individual will be retained and processed by the Animal Health & Welfare Team strictly in accordance with the provisions of the General Data Protection Regulations 2016, as set out in our Fair Processing Notice. A full version of this notice can be viewed at https://www.pembrokeshire.gov.uk/privacy-promise/departmental-privacy-notices alternatively a paper copy can be provided on request.