

Pembrokeshire County Council



**RIDING ESTABLISHMENT ACT 1964 & 1970 –  
APPLICATION FOR A LICENCE TO RUN A RIDING  
ESTABLISHMENT UP TO A MAXIMUM OF 30 ANIMALS**

**1. Applicant**

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: .....

Have you ever been convicted or disqualified under any of the Acts listed below? *(Please note that any 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		

If yes, please give details:

.....  
.....  
.....

**2. Premises**

Business Name: .....

Address: .....

Telephone Number: .....

Business Mobile & Fax Number: .....

Business E-mail address: .....

Please provide information of your opening times for the establishment: .....

.....  
.....

Do you have a nominated Manager? .....

If so, has the Manager been checked for any convictions and/or disqualifications against the Acts, as listed on page 1?  
.....

If any convictions were declared, please give details: .....  
.....  
.....

How many staff do you employ at your establishment? .....

Does a responsible person live on-site? .....

Please detail any qualifications or expertise you may have in keeping horses:  
.....  
.....  
.....

Please detail all horse types based at the riding establishment:

Horse Type	Total
Hired for Riding	
At Livery	
For Private Use	

Where will the rides normally take place?

	(Tick, where applicable)
School – Indoor/outdoor	
Private Land	
Public Roads	
Other (Please Specify)	

Additional information:  
.....  
.....  
.....

### 3. Other Particulars

Veterinary Practitioner Name: .....

Business Address: .....

.....

.....

Telephone Number: .....

Name of Farrier: .....

Address: .....

.....

.....

Telephone Number: .....

- ***I am the occupier of the premises detailed above, and thereby make application in pursuance of the provisions in Riding Establishments Act, 1964 & 1970 for a licence to keep a Riding Establishment at the premises of which particulars are given above.***
- ***I 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.***
- ***I am aware that as well as paying the licensing fee, a Veterinary licensing fee is also payable which will be invoiced on completion of the inspection.***

Name: .....

Signed: .....

Date: .....

Return application form to:

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

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

<b>Licence fee payable:</b>	<b>HORSE £ 587.00</b>
<b>Payment Reference:</b>	<b>GP08AL69435GENERAL</b>
<b>(Trading Name) Narrative:</b>	
<b>Date PAID:</b>	
<b>Authorisation / Audit Code:</b>	

- Debit / Credit Card – Register / Login to “My Account” on [www.pembrokeshire.gov.uk](http://www.pembrokeshire.gov.uk) (select “Make a payment”, “More Options”, “Animal Licensing”, “Pay Licensing Fee”)
- Cash payments will only 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](mailto: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.**

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

**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/departamental-privacy-notices> alternatively a paper copy can be provided on request.**