



South Derbyshire
District Council

16 JUL 2014

Application for a licence to keep a Dog Breeding Establishment Community Services

Breeding of Dogs Act 1973 (as amended)

Please complete this form in **BLOCK CAPITALS** in
BLACK ink

Section 1 - Applicant Details

Please confirm the nature of this application:

New ☐

Renewal ☒

Name(s) <u>ANDREW Molloy</u> of <u>GREYSICH FARM.</u>		applicant(s).....														
Home <u>BACTBY</u>		address:														
Postcode: <u>DE15 0RH.</u>		Email:														
Telephone number: <u>07827 999 927 342</u>		Mobile:														
<p>Is any person named on this form disqualified from:</p> <table style="width: 100%;"> <tr> <td>a) keeping any dangerous wild animals?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>b) keeping a dog?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>c) having the custody of animals?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>d) keeping a pet shop?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>e) keeping an animal boarding establishment?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>f) keeping a riding establishment?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>g) keeping a dog breeding establishment?</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </table> <p>(If 'Yes', please give details)</p>			a) keeping any dangerous wild animals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	b) keeping a dog?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c) having the custody of animals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d) keeping a pet shop?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e) keeping an animal boarding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	f) keeping a riding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	g) keeping a dog breeding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
a) keeping any dangerous wild animals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
b) keeping a dog?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
c) having the custody of animals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
d) keeping a pet shop?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
e) keeping an animal boarding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
f) keeping a riding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
g) keeping a dog breeding establishment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															

Breed(s) of dog intended for breeding purposes:

WEST HIGHLAND TERRIER
CAVALIER KING CHARLES
COCKER SPANIEL
SHIH-TZU
SIBERIAN HUSKY

Name, address, and telephone number of your veterinary surgeon (see note 3):

MR KEVIN BOYLE
SWADLINCOTE VETERINARY CENTRE
SWADLINCOTE
01283 213 707.

Declaration

Before submitting this application form you must agree to meet the following requirements:

- The application form has been completed by you as the applicant(s) and not a third party;
- You will be available to attend, in person, any appointment and/or inspection, resulting from the submission of this application, and conducted by an officer of this authority, or our approved veterinary practitioner;
- You will make available any supporting documentation/information required as part of considering this application at the time of any appointment/inspection and provide copies of such documents if required.
- The details contained in the application form are correct to the best of your knowledge and belief;

Signed: 

Capacity: OWNER

Date: 9.7.14

Signed:

Capacity:

Date:

Checklist:

- 1) Application form fully completed and signed ☒
- 2) Suitable plans are attached ☒
- 3) Relevant fee is enclosed – see fees and charges on our website for up to date fee level. ☒

You may submit your signed application form and plans by email. Send your documentation as pdf files to licensing@south-derbys.gov.uk. Payment of your application fee may be made by contacting the Licensing Department on 01283 595724. Alternatively, you can send your application to:

Licensing Department
South Derbyshire District Council
Civic Offices
Civic Way
Swadlincote
Derbyshire
DE11 0AH

The cost of the necessary veterinary inspection required as part of the application process will be payable directly to the veterinary practice as an additional fee.

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud.

NOTES:

- 1) Please provide plans (new applications and alterations to existing facilities only), and a brief description of the accommodation to include construction materials.
- 2) The Environmental Protection Act 1990 requires that waste produced by a business must be properly disposed of by a registered carrier. Please provide details of your waste carrier.
- 3) You must be registered with a veterinary surgeon at all times during the currency of any licence granted.