



The Licensing Team
Environmental Health & Housing
North Devon Council
Civic Centre, North Walk
Barnstaple, Devon EX31 1EA

Contact Details:
Tel: 01271 388870
Fax: 01271 388328
Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

APPLICATION FOR A LICENCE TO KEEP A PET SHOP

Form Ref: G/PS1

Data Protection

North Devon Council is the Data Controller.

This information is being collected for the purpose of processing a Licence Application with the Council (type as per application form), but may be used for the wider purpose of Planning, Licensing, Registration and Regulation. When you complete this application form, you are providing your consent for the Council to hold and use your personal information for this purpose.

The information you provide may be shared with other agencies and other departments within North Devon Council. The information may be used for research, analysis and statistical purposes, but NOT commercial marketing purposes.

The Council may wish to contact you regarding issues relevant to this Licence application. Please advise us of any change in your circumstances.

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

APPLICATION FOR A LICENCE TO KEEP A PET SHOP

PET ANIMALS ACT 1951

Part 1 – Applicant(s) Details

1. Title: Mr Mrs Miss Ms Dr Other *(please specify)*

Surname:

Other name(s):

2. Home Address:

Postcode:

3. Telephone:

Daytime:

Mobile:

Evening:

4. Email Address:

[please give as many contact details as possible in case we need to contact you]

Joint Applicant (if applicable)

5. Title: Mr Mrs Miss Ms Dr Other *(please specify)*

Surname:

Other name(s):

6. Home Address:

Postcode:

7. Telephone:

Daytime:

Mobile:

Evening:

8. Email Address:

[please give as many contact details as possible in case we need to contact you]

As occupier/proposed occupier(s)* of the premises hereinafter mentioned HEREBY MAKE APPLICATION in pursuance of the provisions of Section 1 of the Pet Animals Act 1951, for a LICENCE TO KEEP A PET SHOP at the premises of which particulars are given below:

Part 2 – Premises Details

9. Postal address of premises:

Postcode:

10. Number and size of rooms in which business will be carried on:

11. Heating arrangements:

12. Method of ventilation of premises:

13. Lighting arrangements

(a) Natural:

(b) Artificial:

14. Water supply:

15. Arrangements for food storage:

16. Arrangements for disposal of excreta:

17. Types of pets which are intended to be sold, and age at which they will be sold, proposed numbers and details of accommodation:

[see schedule below]

18. Normal times of attendance at the premises when premises are closed:

SCHEDULE

	Type of Animals		Proposed Numbers	Details of accommodations	Age at which proposed to be sold	Inspectors Comments
1	Dogs (puppies)					
	Cats (kittens)					
2	Rabbits and cavies					
	Hamsters					
	Rats, mice and gerbils					
3	Larger domesticated mammals eg goats, pot bellied pigs					
4	Primates eg marmosets					
5	Other mammals					
6	Parrots, parakeets and macaws					
7	Other birds eg budgerigars, finches and other small birds					
8	Reptiles eg snakes and lizards					
9	Amphibians eg tortoises					
10	Fish	Tropical				
		Marine				
		Cold Water				
11 & 12	Any other species (specify)					

Part 3 – Declaration and Checklist (please tick)

• I/We* confirm that, to the best of my/our* knowledge and belief, the information contained in this application is true.	<input type="checkbox"/>
• I enclose the appropriate fee (cheques should be made payable to North Devon Council).	<input type="checkbox"/>
• I agree to pay the cost of a veterinary officer's inspection of my premises and understand that this will be charged at an hourly rate and that I will be advised of the total amount due once this inspection has been completed. This will be payable prior to the grant of a licence.	<input type="checkbox"/>

Part 4 – Signature(s)

19. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:	
Print Name:	
Capacity:	
Date:	

20. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:	
Print Name:	
Capacity:	
Date:	

[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 19 and 20 above.]

[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]

Part 5 – Contact Details

21. Please give the name of a person who can be contacted about the application:

22. Please give one or more telephone numbers at which the person identified in question 21 can be contacted:

Daytime:	
Mobile:	
Evening:	

23. Postal address for correspondence associated with this application:

Postcode:	
-----------	--

24. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address below:

* Delete or select as appropriate.