



RIDING ESTABLISHMENT ACT 1964 & 1970

APPLICATION FOR A LICENCE TO RUN A RIDING ESTABLISHMENT

PART ONE - APPLICANT(S) / PREMISES DETAILS

Information about you and your business

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>	
Surname:	
Other name(s):	
Home Address:	
Postcode:	
Telephone:	Daytime: Mobile: Evening:
Email Address:	
<i>[please give as many contact details as possible in case we need to contact you]</i>	
Joint Applicant (if applicable)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>	
Surname:	
Other name(s):	
Home Address:	
Postcode:	
Telephone:	Daytime: Mobile: Evening:
Email Address	

Name of Business:	
Address of Business if different	
Postcode	
Telephone Number	
Email Address:	
Days/Times of business operation (Please state if business is seasonal)	

Please attach an outline plan of the Horse Riding Establishment, showing all parts of the business.

PART TWO – HORSE RIDING ESTABLISHMENT DETAILS

Information about your horse riding business

Please detail all horse types based at the riding establishment:

Horse Type	Total at present	Proposed in-year changes (if any)
Hired for Riding		
At Livery		
For Private Use		

Where will the rides normally take place?

	Details of facilities used
School – Indoor/outdoor	
Private Land	
Public Roads	
Other (Please Specify)	

Any additional information:

PART THREE – COMPLIANCE WITH MODEL LICENCE CONDITIONS

Information about how you will comply with the model licensing conditions

Construction (floors, walls, ceilings, external areas)			
Sleeping arrangements			
Stalls:	Number		Size
Boxes:	Number		Size
Covered Yard(s)	Number		Size
Bedding provided			
Temperature & Heating arrangements			
Lighting provision (natural & artificial)			
Ventilation arrangements			
Cleaning arrangements			
Pest Control arrangements			
Drainage & Waste Disposal arrangements			
Food & Drink provision for horses			
Food Preparation & Storage Facilities			

Exercise Facilities :-

Exercise on premises Yes / No
Private Land Yes / No
Other Yes / No (please specify)

Exercise arrangements (when horses not used for riding)

Land

Is land available for:

- a) Grazing Yes / No _____ State acreage
- b) Instruction or demonstrating Yes / No
 riding (Please give details) Describe _____

Tack/equipment

- 1. Equipment provided
- 2. Facilities for storage
- 3. Checks carried out

Management

Who will have direct control or management of the Establishment?

If that person is the holder of any of the certificates shown below, tick against the name(s) of the one(s) held and enclose the certificate(s) with this application.

Assistant Instructor's Certificate of the British Horse Society	[]
Instructor's Certificate of the British Horse Society	[]
Fellowship of the British Horse Society	[]
Fellowship of the Institute of the Horse	[]

If the person named above does not hold any of these certificates, give details of his or her experience in the management of horses and/or qualifications.

Please supply copies of certificates with the application unless previously supplied

Supervision arrangements – inc. out of hours

Will the carrying on of the business of the Establishment be left at any time in the charge of a person under 16 years of age?

Yes / No If yes, please give details

Will supervision by a responsible person of the age of 16 or over be provided at all times while horses from the Establishment are used for providing instruction in riding or are let out on hire for riding (except in the case of a horse let out for hire for riding, when the hirer is competent to ride without supervision?)

Yes / No If yes, please give details

Please specify the arrangements for out-of-hours care for horses / dealing with emergencies

Registration with a Veterinary Surgeon –

Name and address of Vet

Arrangements for Routine Medication and for dealing with unwell animals

Isolation Facilities and arrangements

Arrangements for transport of horses (where provided)

Arrangements for protection from Fire

Arrangements for Safety of Electrical Equipment checks

Insurance

Are you the holder of a current insurance policy which:

- a) Insures you against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding
- b) Insures you against liability arising out of such hire or use of a horse
- c) Insures such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by or arising from, such hire or use

If "YES", please enclose with this application evidence that you hold such insurance; if "NO", state below what steps you are taking to obtain such insurance)

PART FOUR – DECLARATION AND SIGNATURE(S)

The applicant is required to answer “Yes” or “No” to the following questions:

Are you, or any person who will have control or management of the Establishment, disqualified for the time being from:

- | | | |
|----|---|--------|
| a) | Keeping a riding establishment? | YES/NO |
| b) | Keeping a dog? | YES/NO |
| c) | Keeping a pet shop? | YES/NO |
| d) | Having the custody of animals? | YES/NO |
| e) | Keeping a boarding establishment for animals? | YES/NO |

Has any person named on this form been found guilty of any offence under Section 34(2), (3) or (4) of the Animal Welfare Act 2006 or found guilty of any other offence relating to the health, safety or welfare of any animal. **Yes/No**

If yes to any of the above, please provide details

.....
.....

I/WE DO CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ABOVE PARTICULARS ARE TRUE.

Applicant 1

SIGNED **DATE**

Name in CAPS..... .Position.....

Applicant 2

SIGNED **DATE**

Name in CAPS..... Position.....

If the applicant signs on behalf of a Company or partnership, the capacity of the Applicant should be stated.

I enclose the appropriate fee (cheques should be made payable to Torfaen County Borough Council)

Notes for applicants

Your completed application should be returned along with

- **An outline plan of the Horse Riding Establishment, showing all parts of the business (unless previously provided)**
- **Copies of any training certificates etc. (unless previously provided)**
- **A copy of your insurance**
- **The appropriate fee.**

The licence application will be considered on the basis of the Torfaen County Borough Council model licensing conditions, and you must therefore refer to these when making your application.

Once we receive your application, we will arrange to inspect your premises with a vet, and will look at both the model licensing conditions and the welfare of animals at your establishment.

Your license will specify the number and type of horses that you are permitted to keep, and any other licensing conditions required to ensure the welfare of animals kept at your premises.

Should you not comply with the model licensing conditions, you could be refused a license, offered a provisional license whilst works are carried out or have any works required specified as part of your licence conditions.

Interim inspections may be carried out. Should you not comply with the model licensing conditions or the conditions of your licence, your licence could be revoked.

We have a legal obligation under the Data Protection Act 1998 to ensure that all information held and processed about you complies with the principals of the Act. You are advised that the information provided as part of this application may be shared with other departments of the authority and with other statutory organisations carrying out their statutory duties. You should also be aware that non-personal information provided as part of this application may be released as part of any Freedom of Information request.

Your address details and other licence information may be entered on a public register and/or made available to the public via our web-site. If you do not wish your licence details to be made public in this way, please tick here

**Return completed your application form and fee to: FOOD, HEALTH & SAFETY TEAM,
PLANNING & PUBLIC PROTECTION, TY BLAEN TORFAEN, PANTEG WAY
NEW INN, PONTYPOOL, TORFAEN NP4 0LS**

Tel 01633 647221/22