

Applications are to be returned to:  
**Licensing Team**  
**Public Protection**  
**Civic Offices**  
**Holton Road**  
**Barry**  
**Vale of Glamorgan**  
**CF63 4RU**  
**Tel: 01446 709105**



**Application for Licence to Keep a Pet Shop**  
**Section 1 Pet Animals Act 1951**

**1a Applicant details.** *(all correspondence will be sent to this address)*

Mr  Mrs  Miss  Other

Full name

House no and Street

District

Postcode

Telephone number

**1b Additional applicant details** *(if more than one applicant or applying as a partnership etc)*

Mr  Mrs  Miss  Other

Full name

House no and Street

District

Postcode

Telephone number

**2. Establishment details** *(this will be used on the licence)*

Name

Name/no. and street

District

Postcode

Telephone number

**3. Please give details of the type of accommodation to be used.**

*Detail number and size of rooms to be used.*

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**4. What provisions have been made to keep and maintain a register of animals kept at the establishment?**

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**5. What arrangements have been made to provide adequate lighting at the establishment?**

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**6. What arrangements have been made to provide adequate heating at the establishment?**

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**7. What arrangements have been made to provide adequate ventilation at the establishment?**

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**8. What arrangements have been made to provide adequate water at the establishment?**

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**9. What arrangements have been made for the storage of food at the premises?**

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**10. What arrangements have been made to provide adequate exercise arrangements at the establishment?**

**11. What arrangements have been made to provide adequate disposal of excreta and used bedding at the establishment?**

**12. What arrangements have been made to provide adequate isolation facilities for the establishment?**

**13. Are you or any person who will have control or management of the establishment disqualified for the time being from:**

Keeping a riding establishment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a pet shop	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Having custody of a dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a boarding establishment for dogs	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered yes to any of the above please provide further details:

**14. Have you or any person who will have control or management of the establishment any convictions under the Animal Welfare Act 2006?**

Yes  No  If yes please provide further details:

**15. What arrangements have been made in case of an emergency?**

**16. Please give details of your veterinary surgeon or surgeons.**

Name(s) of surgeon(s)	
Name of practice	
Name/no. and street	
District	
Postcode	
Telephone number	

**17. Please give details of the normal times of attendance at the premises when premises are closed.**

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**18. Please complete the following providing as much detail as possible. Your premises will be inspected in relation to the proposed numbers provided.**

<b>Animal</b>	<b>Proposed numbers</b>	<b>Details of accommodation</b>	<b>Age at which proposed to be sold</b>	<b>Inspector's comments</b>
Rabbits				
Guinea pigs				
Gerbils				
Hamsters				
Rat				
Mice				
Chinchillas				
Chipmunks				
Degus				

Ferrets				
Marmosets				
Dogs and puppies				
Cats and kittens				
Tortoises				
Snakes				
Lizards				
Fish Marine Cold water				
Tropical				

Any other species				
Birds				
Invertebrates				
Amphibians				

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**I/We do hereby certify that to the best of my/our knowledge and belief the above particulars are true.**

**Signed..... Date**  
**(applicant)**

**Print name**

**Signed..... Date**  
**(applicant)**

**Print name**