

APPLICATION FOR ANIMAL ACTIVITY LICENCE

Business Trading Name

Application form part 2c: Hiring of horses

| Section A. Details of establishme | nt | |
|--|---|---------------|
| Usual opening hours of the establ hours: | ishment and details of any seasonal variations | to opening |
| Soction P. Management | | |
| Section B. Management | | |
| Name and address of the | | |
| manager/person with direct control | | |
| of the establishment | | |
| | | |
| | | |
| Does the manager have any of the | following certificates? | |
| Assistant Instructor's Certificate of t | he British Horse Society | yes/no |
| Intermediate Instructor's Certificate of the British Horse Society | | yes/no |
| Instructor's Certificate of the British Horse Society | | |
| Fellowship of the British Horse Soci | ety | yes/no |
| Fellowship of the Institute of the Ho | rse | yes/no |
| Please provide details of the managany other relevant qualifications hel | ger's experience in the management of horses ard not mentioned above. | nd details of |
| | | |
| | | |
| | | |
| Does a responsible person live at the | ne establishment? | yes/no |
| Doos a responsible person live at th | ic colabilotiti: | y 63/110 |

| What are the arrangements in the event of an emergency? | |
|---|----------|
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| Will a person under 16 years of age be left in charge of the establishment at any | yes/no |
| time? | y 63/110 |
| Will a responsible person (of 16 years or over) provide supervision at all times | |
| while horses from the establishment are used for riding instruction or are hired out | |
| for riding (except in the case of the hirer being competent to ride without | yes/no |
| supervision)? | |
| | |
| | |
| Section C Accommodation and facilities (places centinus entern extra sheet if required) | |

| Section C. Accommodation and facilities (plea | se continue onto an extra sheet if required) |
|--|--|
| Number and details of stalls | |
| Number and details of boxes | |
| Details of any covered yard, including dimensions | |
| Details of any covered yard, including dimensions | |
| Description of land available for grazing | |
| Description of land available for instructing or demonstrating | |
| Description of land available for exercise | |
| Description of facilities for forage and bedding | |
| Description of facilities for equipment and saddlery | |
| Fire precautions/equipment | |
| Water supply | |
| Disposal of animal waste | |

| How do you from noise? | propose to mini | mise disti | urbance | | | | |
|----------------------------|--------------------------------------|-------------|-----------------|---------------------------|---------------|--------------------|---------------------|
| | | | | | | | |
| | eterinary surg | | | | | | |
| Please give | details (includin | g name, a | address an | nd contact | details) | of usual veterinar | y surgeon: |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Section E. A | dditional infor | mation (p | olease continue | e onto an extra | a sheet if ne | eeded) | |
| Please provid | de any addition | al pertine | nt informat | tion not pr | eviously | provided: | |
| | | | | | | | |
| | | | | | | | |
| Continu E II | | | | | | | |
| Section F. H | | | | | Г | | |
| How many he the present to | orses are kept uime? | under the | terms of th | ne Act at | | | |
| | orses are intend Act during the y | | kept unde | r the | | | |
| Details for all | I horses current | ly kept: (p | lease continue | onto an extra | sheet if ne | eded) | |
| Name | Description | Sex | Age | Pass _i numl | | Purpose kept | Age range of riders |
| | | | | | | | |
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| Section G. Public liability insurance | | | | | | | |
|--|-------------------|--|--------|--|--|--|--|
| Do you have public liability insurance? (if no go to next section) | | | yes/no | | | | |
| Insurance co | Insurance company | | | | | | |
| Dollov pumbo | \r_ | | | | | | |

| Section G. Public liability insurance | | | | | |
|---|-------------|-----------|--------|--|--|
| Do you have public liability insurance? (if no go to next section) | | | yes/no | | |
| Insurance company | | | | | |
| Policy number | | | | | |
| Period of cover | Start date: | End date: | | | |
| Amount of cover | | | | | |
| Does this policy: | | | | | |
| Insure 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 instruction in riding provided by you in return for payment? | | | | | |
| Insure against liability arising out of such hire or use of a horse? | | | | | |
| Insure 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? | | | | | |

| Section H. De | claration (please read and tick to confirm) | |
|-----------------------------|--|--|
| I hereby certify knowledge. | that all statements in this application are correct and true to the best of my | |
| Signed | | |
| Print name | | |
| Date signed | | |

SEND COMPLETED FORM TO:

Email: <u>licensing@wokingham.gov.uk</u>

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000

Fees

For fees and payment methods please see the licensing page on the council's website www.wokingham.gov.uk