

**BABERGH & MID SUFFOLK DISTRICT COUNCILS**

**The Animal Welfare (Primate Licences) (England) Regulations 2023**

**Application for a New/Renewal Licence for Primates**

**Please complete all the questions in the form.**

**If you have nothing to record, please state "Not applicable" or "None"**

|  | **Applicant details** | | |
| --- | --- | --- | --- |
|  | Name |  | |
|  | Address |  | |
|  | Email |  | |
|  | Main telephone number |  | |
|  | Other telephone number |  | |
|  | Date of birth |  | |
|  | Are you applying as an individual | Yes / No | **If yes, go to 3.** |
|  | Are you applying as a business or organisation, including a sole trader | Yes / No |  |

|  | **Applicant Business** | |
| --- | --- | --- |
|  | Company Name: |  |
|  | Is your company registered with companies house | Yes / No |
|  | Registration Number |  |
|  | **Business Address – This should be your official address – The address required of you by law to receive all communication** | |
|  | Business Address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **UKAS Accreditation** | | | |
|  | Are you a member of a UKAS accredited organisation | Yes / No  Name of Organisation: | | |
|  | **Premises to be licensed** | | | | |
|  | Name of premises/trading name | |  | | |
|  | Address of premises | |  | | |
|  | Telephone number of premises | |  | | |
|  | Email address | |  | | |
|  | **Animal(s)** | | | | |
|  | Please provide details of the species, number and gender of the animal(s) you intend to keep:  **Please complete Appendix A with the animal details** | | | | |
|  | Will you be the Owner of the animal(s) | | Yes / No | | |
|  | Do you intend to breed or attempt to breed from these animals? | | Yes / No | | |
|  | Do you intend to move the animals(s) from the premises detailed in section 4?  If yes, please provide details | | Yes / No | | |
|  |  | | | | |
|  | **Accommodation and facilities** | | | | |
|  | Details of the quarters used to accommodate animals, including number, size and type of construction | |  | | |
|  | I confirm that I have sought and received all the necessary permissions to keep the animal(s) listed in this application from any third party with interest in the property | | Yes\* / No / N/A  \*Please enclose evidence with your application | | |
| **6.1** | **Please describe the escape proof accommodation in which the animals listed above will be held:** | | | | |
|  | Construction | | |  | |
|  | Size | | |  | |
|  | Drainage | | |  | |
|  | Ventilation | | |  | |
|  | Temperature Control | | |  | |
|  | Disposal of animal waste | | |  | |
|  | Lighting | | |  | |
| **6.2** | **Please describe the Husbandry Arrangements for the animals listed above:** | | | | |
|  | Details of diet | | |  | |
|  | Arrangements for the storage and preparation of food and drink | | |  | |
|  | Arrangements for the provision of adequate exercise | | |  | |
|  | For ensuring veterinary care, including preventative measures and to control the spread of disease | | |  | |
|  | Emergency evacuation procedures in the event of fire or other emergency | | |  | |
| **7** | **Veterinary surgeon** | | | | |
|  | Name of usual veterinary surgeon | | |  | |
|  | Company name | | |  | |
|  | Address | | |  | |
|  | Telephone number | | |  | |
|  | Email address | | |  | |
|  | Do you consent for BMSDC and/or their authorised Inspectors to contact your veterinary practice? | | | Yes / No | |
| **8** | **Emergency key holder(s)** | | | | |
|  | Do you have an emergency key holder? | | | Yes / No | |
|  | Name | | |  | |
|  | Position/job title | | |  | |
|  | Address | | |  | |
|  | Daytime telephone number | | |  | |
|  | Evening/other telephone number | | |  | |
|  | Email address | | |  | |
|  | **Emergency key holder 2** | | | | |
|  | Name | | |  | |
|  | Position/job title | | |  | |
|  | Address | | |  | |
|  | Daytime telephone number | | |  | |
|  | Evening/other telephone number | | |  | |
|  | Email address | | |  | |
| **9** | **Public liability insurance** | | | | |
|  | Do you have public liability insurance (PLI)? If yes, please attach a copy of the policy  PLI will need to be in place before the licence can be granted | | | Yes / No | |
| **10** | **Disqualifications and convictions** | | | | |
|  | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from keeping any animal under (a)section 34(2) of the Animal Welfare Act 2006;  (b)section 1 of the Protection of Animals (Amendment) Act 1954;  (c)section 40(1) of the Animal Health and Welfare (Scotland) Act 2006; or  (d)section 33(1) of the Welfare of Animals Act (Northern Ireland) 2011? | | | Yes / No | |
|  | Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences involving animals? | | | Yes / No | |
|  | Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? | | | Yes / No | |
|  | If yes to any of these questions, please provide details | | | | |
| **11** | **Start Date and Duration of Licence** | | | | |
|  | Please state the proposed start date of the Licence | | |  | |
|  | If less than three years, please specify the duration of the licence | | |  | |
| **12** | **Exhibiting the Animals** | | | | |
|  | Will the Animals be Exhibited? | | | Yes / No | |
|  | If so, do you hold an Exhibition of Animals issued under the Animal Welfare (Licensing of Activities involving Animals) (England) Regulations 2018? | | | Yes / No | |
|  | If yes, please state the Licence Number and issuing Authority: | | |  | |
| **13** | **Additional Information** | | | | |
|  | **Please attach the following information:** | | | | |
|  | A plan of the premises | | |  | |
|  | Land Owner‘s Permission | | |  | |
|  | Public Liability Insurance policy | | |  | |
|  | Operating procedures | | |  | |
|  | Risk Assessments (including Fire) | | |  | |
|  | Infection control procedure | | |  | |
|  | Qualifications | | |  | |
|  | Training records | | |  | |
| **14** | **Declaration** | | | | |
|  | This section must be completed by the applicant. If you are an agent, please ensure this section is completed by the applicant. | | | | |
|  | If required by the nature of this variation application, I agree to permit an officer and/or a veterinary surgeon or veterinary practitioner authorised by the Council to inspect the premises which are the subject of this application.  If granted, I agree to my licence information being included on the public list available on the website.  I declare that the details contained in the application form and the attached documentation is correct to the best of my knowledge.  I also confirm that I read and understand the privacy notice and that I am aware of the provisions of the relevant legislation and the model licence conditions which I will comply with at all times and that I have read and understand the privacy notice. | | | | |
|  | Signing the box below indicates you have read and understood the above declaration | | | | |
|  | Signature | | |  | |
|  | Full Name | | |  | |
|  | Date | | |  | |
| **15** | **Fees & Payment** | | | | |
|  | |  |  | | --- | --- | | **Payment of Fee** | | | You are able to pay the fee for this licence by cheque posted to our office or by credit/debit card over  the telephone or via BACS payment. We cannot proceed with a licence until the payment has been received. A list of up to date fees is available on our website. | | | Payment by telephone call 0300 1234 000 and select Option 7 (All other enquiries), please have your credit/debit card details ready.   * For premises in Babergh DC **please quote code B4103/H9140**, * For premises within Mid Suffolk DC **quote code M4103/H9140** * You will be given a payment reference number. * You must write that number on this form in the space below at question 1.5. | | | Payment by cheque   * For premises within Babergh District Council please make your cheque payable to Babergh District Council * For premises within Mid Suffolk District Council please make your cheque payable to Mid Suffolk District Council | | | You can now pay via our website using the following link  [Animal licences - Babergh District Council - babergh.gov.uk / midsuffolk.gov.uk](https://www.babergh.gov.uk/animal-licences)  . | | | Please complete one of the boxes below | | | I have paid by telephone | Insert reference number and amount paid | | I enclose a cheque for |  | | I have paid online | Payment Reference No: |   . | | | | |
| **16** | **Public List of Animal Activity Licences** | | | | |
|  | We publish a register of our animal licences on our website. This information includes the type of licence and the licenced address.  By signing this application form, you are agreeing for your details to be added.    **Change of Details**  If your business contact details change, it is your responsibility to contact us to update this information. You can do this by emailing [foodsafety@baberghmidsuffolk.gov.uk](mailto:foodsafety@baberghmidsuffolk.gov.uk) | | | | |
| 16 | **Data Protection**  Babergh District Council and Mid Suffolk District Council (BMSDC) will be Data Controller of the information you are providing. That means BMSDC will be responsible for looking after it as required by the Data Protection Act 2018. They will only use the information for the purpose explained on a form. As required by the Data Protection Act 2018 the information will be kept safe, secure, processed and only shared for those purposes or where it is allowed by law. For more information on how we do this and your rights in regards to your personal information and how to access it, visit our website page [How we use your information](http://www.babergh.gov.uk/the-council/your-right-to-information/privacy-policy/), or call customer services on 0300 1234000 and ask to speak to the Data Protection Officer. | | | | |

**APPENDIX A Details of Primates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Species | Date of Birth (or approximate date of birth) | ID Chip Number |
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