

THE RIDING ESTABLISHMENTS ACT 1964

THE RIDING ESTABLISHMENTS ACT 1970

APPLICATION FOR A LICENCE

1	Surname (Mr/Mrs/Miss/Ms)											
2	Forename(s)											
3	Address	Telephone Number:										
4	<p>(See Note 1)</p> <p>(a) If applying on behalf of a body corporate state the name and registered office.</p> <p>(b) In what capacity are you applying?</p>											
5	Name and address of the Riding Establishment											
6	<p>Is the Establishment operative throughout the year?</p> <p>If not state the period when it is normally operative.</p>											
7	<p>Who will have direct control or management of the Establishment?</p> <p>Please give their age.</p>											
8	<p>Is a responsible person living on the Establishment? Please give their age.</p> <p>If not, what arrangements are there in case of an emergency?</p>											
9	<p>The applicant is required to answer "YES" or "NO" to the following questions:</p> <p>Are you disqualified from the time being from:</p> <table> <tr> <td>(a) Keeping a Riding Establishment?</td> <td>YES/NO</td> </tr> <tr> <td>(b) Keeping a Pet Shop?</td> <td>YES/NO</td> </tr> <tr> <td>(c) Keeping a dog?</td> <td>YES/NO</td> </tr> <tr> <td>(d) Having custody of animals?</td> <td>YES/NO</td> </tr> <tr> <td>(e) Keeping a Boarding Establishment for animals?</td> <td>YES/NO</td> </tr> </table>		(a) Keeping a Riding Establishment?	YES/NO	(b) Keeping a Pet Shop?	YES/NO	(c) Keeping a dog?	YES/NO	(d) Having custody of animals?	YES/NO	(e) Keeping a Boarding Establishment for animals?	YES/NO
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<p>10 (See Note 2 (i)) What numbers and types of horses are kept under the terms of the Acts at the present time? Please complete attached form listing all horses to be kept under the terms of the Acts.</p> <p>Please detail total number of those three years old or under.</p>	
<p>11 (See Note 2(ii)) What numbers and types of horses is it intended to keep under the terms of the Acts during the year?</p>	
<p>12 What accommodation is available for:-</p> <p>(a) Horses</p> <p>(b) Forage and bedding</p> <p>(c) Equipment and saddlery</p>	<p>Stalls:</p> <p>Boxes:</p> <p>Covered Yard: (Please state number, or dimensions in the case of a yard)</p>
<p>13 Is land available for:</p> <p>(a) Grazing</p> <p>(b) Instruction or demonstration (Please give details)</p>	
<p>14 What are the qualifications and/or experience of the applicant in the management of horses?</p>	
<p>15 What is the name and address of your usual veterinary surgeon/practitioner?</p>	
<p>16 Have you a current insurance policy insuring you against liability for injury sustained by persons using your Establishment?</p>	<p style="text-align: right;">YES/NO</p> <p>PLEASE SEND IN THE CURRENT CERTIFICATE WITH THIS FORM. LIMIT OF COVER FOR LIABILITY SHOULD BE £2 MILLION.</p>
<p>17 Have you a register of all horses in your possession aged 3 years or under?</p>	<p style="text-align: right;">YES/NO</p>
<p>18 Is there a supply of veterinary first aid equipment and medicine available on the premises</p>	<p style="text-align: right;">YES/NO</p>

Please see overleaf/...

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b) keeping a dog? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) keeping a pet shop? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Having the custody of animals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Keeping a boarding establishment for animals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'Yes' please insert details

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I DECLARE THAT THE ANSWERS TO THE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE

I AM OVER THE AGE OF 18 YEARS. I AM AWARE OF THE PROVISIONS OF THE RIDING ESTABLISHMENTS ACT 1964 AND THE RIDING ESTABLISHMENTS ACT 1970, AND I APPLY FOR A LICENCE TO KEEP A RIDING ESTABLISHMENT.

I ENCLOSE THE LICENCE FEE OF (IT TO LINK) AND CURRENT CERTIFICATE OF INSURANCE.

I DECLARE MY ANSWERS TO THE ABOVE QUESTIONS TO BE CORRECT IN EVERY RESPECT. I UNDERTAKE TO PAY ALL FEES INCURRED BY THE COUNCIL FOR ALL INSPECTIONS CARRIED OUT BY VETERINARY SURGEONS IN RESPECT OF THIS APPLICATION.

Signature of Applicant(s)

All applicants to sign - capacity, if signed on behalf of a Company or Partnership

Date:

NOTES

1. A licence may be granted to an individual over the age of eighteen years or a body corporate.
2. (i) "Horse" includes any mare, gelding, pony, foal, colt, filly or stallion, and also any ass, mule or jennet.

(ii) The Acts regulate riding establishments which let out horses on hire or use them for the purpose of providing, in return for payment, instruction in riding or for the purpose of demonstrating riding.
3. No person shall keep a riding establishment without a licence. Any such licence shall relate to the 12 months following the date on which it was granted, except where a Provisional Licence is issued for a period of three months.
4. An inspection by a veterinary surgeon on behalf of the Council as licensing authority will be arranged as soon as possible after receipt of the application.
5. Please complete and return this form **in duplicate** to the Environmental Health Manager, South Hams District Council, Follaton House, Plymouth Road, Totnes, Devon, TQ9 5NE.

The third copy is for the applicant's retention.
6. The limit of liability cover currently required for insurance purposes is set at £2 million.

YOU ARE ADVISED THAT TO OPERATE A RIDING ESTABLISHMENT WITHOUT A LICENCE MAY INVALIDATE YOUR INSURANCE

WHERE APPLICATIONS RELATE TO NEW ESTABLISHMENTS THE APPLICANTS SHOULD CONTACT THE PLANNING SECTION AS PLANNING CONSENT MAY BE REQUIRED.

FOR OFFICE USE ONLY					
INCOME CODE: CK2520004					Commencement & Expiry Dates
Date	Fee	Remittance Sheet No	Inspection Date	Issue Date	

