

**APPLICATION FOR LICENCE
TO KEEP A RIDING ESTABLISHMENT**

Section 1: Licence Details To be completed by all applicants	
Is this a new or renewal application?	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Will the Licence be held by an Individual or a Company/ Partnership?	<input type="checkbox"/> Individual <input type="checkbox"/> Company/Partnership

Section 2: Your Details To be completed by all applicants	
First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	
What is your relationship to the business:	
Will you be responsible for the day to day management of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please also complete section 3)
Will you be at or within a reasonable distance of the premises at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please also complete section 4)

Section 3: Person responsible for day to day management of the business (if different from section 2)	
First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

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Section 4: Person who will be at or within a reasonable distance of the premises at all times (if different from section 2).

First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

Section 5: Premises details To be completed by all applicants

Is the premises address, phone number and email address the same as section 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Address (inc. postcode):	Premises phone number:
Premises email:	

Section 6: Directors/Partners of the business To be completed if a Company/Partnership is applying for the licence

Name of the Company/Partnership:	
How many Directors/Partners does the business have?	
Please provide details for first Director/Partner – if there is more than one please attached a separate sheet stating each Director/Partner's personal details	
First name(s):	Surname:
Maiden name (if applicable):	Phone number:
Home address (inc. postcode):	Date of birth:
	Place of birth:
Email:	

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Section 7: Emergency contact (A second individual who can provide access to the premises) To be completed by all applicants

First Name(s):	Surname:
Home Address (<i>inc. postcode</i>):	
Phone number:	Email:

Section 8: Riding details To be completed by all applicants ****Note:** If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions.

What is the maximum number of horses you are proposing to keep at the establishment?				
Detail the accommodation that will be used for the horses? (If you have multiple types of the same accommodation, state the material and dimensions of each)	Type of accommodation	Number of each	Material its made from	Dimensions
	Stalls <input type="checkbox"/>			Height: Depth: Width:
	Stables <input type="checkbox"/>			Height: Depth: Width:
	Boxes <input type="checkbox"/>			Height: Depth: Width:
	Covered Yard <input type="checkbox"/>			Height: Depth: Width:
	Other (Please specify) <input type="checkbox"/>			Height: Depth: Width:

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Section 9: Animal Wellbeing To be completed by all applicants

Describe the land available for grazing.	Land Description	Size of land
Describe what shelter is available to protect the horses whilst they are in the fields.	<i>E.g. trees, hedges, etc.</i>	
Describe what land is available for instruction or demonstrative riding.	Land Description	Size of land
Are you transporting horses over 65km?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 10: Health and Safety To be completed by all applicants

State which water source is used for the premises	<i>E.g. mains supply, private supply etc.</i>
How and where is animal feed stored?	
What bedding is used in the accommodation?	
Describe the process for the control of infectious diseases including the location of the isolation facility.	
Have you provided a copy of your written policy & procedure which details the protection of animals and persons in case of fire or other emergency (including emergency exits)?	<input type="checkbox"/> Yes – Copy provided <input type="checkbox"/> No – State the reason a copy has not been provided
Do you have your insurance documents?	<input type="checkbox"/> Yes – Copy to be provided with the application <input type="checkbox"/> No – A copy must be sent within a week of approval of the application

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Name and address of your Vet (inc. postcode):	Vets phone number:
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Section 11: Experience and Qualifications To be completed by all applicants

Detail any relevant qualifications and certificates held by any one named in this application or employed by the business.	<i>Provide copies with the application</i> <input type="checkbox"/> Assistant Instructors Certificate of the British Horse Society <input type="checkbox"/> Instructors Certificate of the British Horse Society <input type="checkbox"/> Fellowship of the British Horse Society <input type="checkbox"/> Fellowship of the Institute of the Horse <input type="checkbox"/> BHS Coach in Complete Horsemanship <input type="checkbox"/> Other (please specify)
Describe any relevant experience held by anyone named in this application or employed by the business.	

Section 12: Previous licence refusals and offences To be completed by all applicants

Has anyone named in this application ever applied for and been refused a licence for a riding establishment	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Has anyone named in this application ever applied for and been refused a licence to keep a Pet Shop?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Has anyone named in this application ever been banned from keeping any Animal?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details

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Section 13: Declarations To be completed by all applicants

I/We declare that the particulars given on this form are correct to the best of my knowledge and belief

I/We understand that the information supplied by me/us as detailed in this form may be stored on a computer system by this Authority for the purpose of Licencing and that information may be disclosed to the police and other relevant parties for vetting and background enquiries whilst processing this application

I/We understand that this authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information contact the Fraud Hotline on 01835 826825 or the Council Website <https://www.scotborders.gov.uk/nationalfraudinitiative>

For further information see "add in PN LINK"

Applicant Signature:

Date: