

Deer (Scotland) Act 1996
APPLICATION FOR LICENCE
TO ACT AS A DEALER IN VENISON



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 2)
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 3)

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 business 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: Venison Workrooms To be completed by all applicants. **Note: If you have more than one workroom, provide information on each. If required attach a separate sheet of paper answering all the questions.

How many workrooms are situated within the premises?	
What material is each workroom floor made from?	
What material is used for the walls within each workroom?	
What cleaning products are used to disinfect the workrooms?	
Explain the cleaning process to disinfect the vehicles used for the collection of moribund animals?	
What lighting is available within each workroom?	
How are the workrooms ventilated?	
Explain what happens to the moribund animals?	<i>E.g. Where they are hung, what is used to hang them</i>

Section 8: 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>
Explain the washing facilities available for employees handling the meat?	
Explain where the meat intended for human consumption is stored?	
What happens to the remainder of the animal which is not intended for human consumption?	<i>E.g. hooves, horns, hides, skins</i>
Where do individuals store their personal clothing and footwear?	
Have you provided a copy of your written policy & procedure which details the protection of persons	<input type="checkbox"/> Yes – Copy provided <input type="checkbox"/> No – State the reason a copy has not been provided

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in case of fire or other emergency (including emergency exits)?	
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

Section 9: 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>
Describe any relevant experience held by anyone named in this application or employed by the business.	

Section 10: Previous licence refusals and offences To be completed by all applicants

Has anyone named in this application ever been refused a licence for dealing in Venison	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details
Subject to the provisions of the Rehabilitation of Offenders Act 1974, have you or anyone named in this application been convicted of any crime of offence?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details

Section 11: Declarations To be completed by all applicants

<p>I/We declare that the particulars given on this form are correct to the best of my knowledge and belief</p> <p>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</p> <p>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.</p> <p>For further information contact the Fraud Hotline on 01835 826825 or the Council Website https://www.scotborders.gov.uk/nationalfraudinitiative</p> <p>For further information see “add in PN LINK”</p>	
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Applicant Signature:	Date:
<div data-bbox="87 295 1251 378" style="border: 1px solid black; height: 37px; width: 729px;"></div>	<div data-bbox="1276 300 1517 383" style="border: 1px solid black; height: 37px; width: 151px;"></div>