

**ANIMAL BOARDING ESTABLISHMENT ACT, 1963****Application for Licence to Keep a Boarding  
Establishment for Animals**

**EACH QUESTION MUST BE ANSWERED  
PLEASE PRINT IN BLOCK CAPITALS**

1. Applicant Details			
Full Name of Licence Holder (including any middle names)	First Name:	Last Name:	
Full Name of Limited Company (If Applicable)			
Licence Holder Address:			
Telephone Number:			
Email Address:			
Age, Date & Place of Birth	Age	Date of Birth	Place of Birth

As occupier(s) of the premises HEREBY MAKE APPLICATION in pursuance of the provisions of Section 1 of the Animal Boarding Establishment at the premises of which particulars are given below.

Postal address of Premises (Including Postcode)	
Number, construction & size of quarters in which animals are to be accommodated.	
No & type of animals which you intend to accommodate.	

Heating arrangements	
Method of ventilating premises.	
Water Supply	
Arrangements for food storage.	
Arrangements for disposal of excreta	
Description of isolation facilities for the control of infectious disease	
Name and Address of your usual veterinary surgeon/practioner.	

I confirm that I am not in anyway disqualified from working with, using, driving or riding animals or from operating a:

- boarding establishment for animals
- pet shop
- breeding establishment for dogs
- subject to a Dog Control Order

Neither am I disqualified from owing a dog or having custody of animals and have not been subject to a Dog Control Order

**I declare that the particulars given by me on this form are true and I hereby make application to Clackmannanshire Council for the grant or renewal of the licence applied for.**

<b>Signature</b>	
<b>Print Name</b>	
<b>Date</b>	



## Partnership and Performance

Completed forms can be submitted directly by:

- email to: [licensing@clacks.gov.uk](mailto:licensing@clacks.gov.uk) (as a singular signed PDF/word file)
- in person to the [Speirs Centre](#)
- by post to: Clackmannanshire Council, Licensing Team, Kilncraigs, Greenside St, Alloa, FK10 1EB

Each application must be accompanied by payment. This can be made at the **Speirs Centre** or **online via our Pay It** page which can be found at: <https://www.clacks.gov.uk/council/payit/>

If you require any further information please contact :

The Licensing Administrator on tel: **01259 450000** or

by email at **licensing@clacks.gov.uk**

### IMPORTANT NOTICE

Any person who in or in connection with the making of this application makes any statement which they know to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence.

### Data Protection Act 2018

The information which you provide on this form will be processed by Clackmannanshire Council, which is the 'data controller' for the purposes of the General Data Protection Regulation and the Data Protection Act (2018). For more information on how this application is handled, please see the Licensing Authorities data protection [policy](#) which can be found at [www.clacks.gov.uk/regulation/dataprotectionpolicy/](http://www.clacks.gov.uk/regulation/dataprotectionpolicy/)

### For Office Use Only

Date Rec'd	Fee Paid	Reference	Police	LSO	Decision	
			Sent	Sent	Granted	<input type="checkbox"/>
					Refused	<input type="checkbox"/>
			Ret'd	Ret'd	Hold	<input type="checkbox"/>