

# Riding Establishments Acts 1964 & 1970 Application for Licence or an Extension of Provisional Licence

#### Each question must be answered

	Surname		First Name	
Full Name				
Age, Date & Place of Birth	Years	Date of Birth		Place of Birth
National Insurance Number				
Private Address, if a Body Corporate, name of Body and address of Registered Office				
Address of Riding Establishment if different from above				
Do you intend operating this establishment throughout the years?		YES	s/NO	
If not, state period when normally operating				
Who will have direct control or management of the Establishment?				
If that person is the holder of any of the certificates shown	Assistant Instructor's Certificate of the British Horse Society		( )	
opposite, tick against the name(s) of the one(s) held and enclose the certificate(s) with this application.	Instructor's Certificate of the ( British Horse Society		( )	
	Fellowship of the British Horse ( ) Society		( )	
	Fellowship of the the Horse	Institute	of	( )



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If the person named		
above does not hold any		
of these certificates,		
give details of his or her		
experience in the		
management of horses.		
(continue on a separate		
sheet if necessary)		
Is a responsible person	YES/NO	O
living on the		
Establishment?		
If not, what		
•		
arrangements are there		
in case of emergency?	\/_O/\/	
Will the carrying on of	YES/NO	)
the business of the		
establishment be left, at		
any time, in the charge		
of a person under 16		
years of age?		
,		
(see Note 1)		
Will supervision by a	YES/NO	)
responsible person of	123/11	
the age of 16 years or		
over be provided at all		
times while horses from		
the Establishment are		
used for providing		
instruction in riding or		
are let out on hire for		
riding (except in the		
case of a horse let out		
for hire for riding, when		
the hirer is competent to		
ride without supervision)		
That William Supervision,		
The applicant is required t	o answer "Yes" or "No" to the	following questions:-
		ionowing quodiono.
Are you or any person	n who will have control or	management of the
		management of the
Establishment, disqualifie	a for the time being nom.	
	iahmant?	VEC/NO
(a) keeping a riding estab	isninent?	YES/NO
(b) keeping a dog?		YES/NO
(c) keeping a pet shop?		YES/NO
(d) having the custody of		YES/NO
(e) keeping a boarding establishment for animals?		YES/NO



Are you the helder of a	VEC/NO
Are you the holder of a current insurance policy which	YES/NO
(a) insures you against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding;	(if "YES", enclose with this application evidence that you hold such insurance; if "NO", state below what steps you are taking to obtain such insurance)
(b) insures you against liability arising out of such hire or use of a horse; and	
(c) insures such hirers or users in respect of any liability which may be incurred by them in respect of injury to any person caused by, or arising from, such hire or use.	
How many horses are kept under the terms of the Acts at the present time?	
How many horses is it intended to keep under the terms of the Acts during the year?	
(see Note 3)	(Please state number, or dimensions in the case of a yard)
(a) Horses Stalls Boxes Covered Yard	
(b) Forage and Bedding	
(c) Equipment and saddlery	



Is land available for:-			
(a) grazing	YES/NO		
(b) instruction or	YES/NO		
demonstrating riding	TES/NO		
	Please give details.		
What is the name and			
address of your usual			
veterinary			
surgeon/practitioner?			
I am aware of the Provision	ons of the Riding Establishments Act 1964 & 1970		
and I apply for a Licence/E	Extension to my provisional licence* to keep a riding		
establishment commencing being the first day of issue or			
January 20			
Read the following stater may render you liable to p	ment carefully before signing it. A false statement prosecution.		
I declare my answers to the above questions to be correct in every respect.			
Signature:			

Please return the completed form together with the relevant fee to:

(if signing on behalf of a Body Corporate, state appointment held)

The Licensing Administrator Clackmannanshire Council Kilncraigs Alloa FK10 1EB

Date: .....

If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address <u>licensing@clacks.gov.uk</u>