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| --- | --- | --- | --- | --- | --- |
| Applications are to be returned to:  Licensing  [licensing@bridgend.gov.uk](mailto:licensing@bridgend.gov.uk)  or by post to:  Civic Offices, Angel Street, Bridgend,  CF31 4WB | | | The Bridgend County Borough Council logo | | |
| Application for Licence for a Riding Establishment  Riding Establishment Act 1964 and 1970 | | | | | |
|  | | | | | |
| **1 Applicant details** *(please state private address details)* | | | | | |
| Mr  Mrs  Miss  Other | | | | | |
| Full name |  | | | | |
| House no and Street |  | | | | |
| District |  | | | | |
| Postcode |  | | | | |
| Telephone number |  | | | | |
| Email address |  | | | | |
|  |  | | | | |
| **2. Establishment details** | | | | | |
| Name |  | | | | |
| Name/no. and street |  | | | | |
| District |  | | | | |
| Postcode |  | | | | |
| Telephone number |  | | | | |
| Email address |  | | | | |
|  | | | | | |
| **3. Will the riding establishment be operative throughout the year?** | | | | | |
| Yes  No  If no please state the dates when the establishment will be operative: | | | | | |
|  | | | | | |
| **4. Who will have direct control or management of the establishment?** | | | | | |
| Mr  Mrs  Miss  Other | | | | | |
| Full name |  | | | | |
| House no and Street |  | | | | |
| District |  | | | | |
| Postcode |  | | | | |
| Telephone number |  | | | | |
|  |  | | | | |
| **5. Will the person be living on the premises?** | | | | | |
| Yes  No  If no, what arrangements have been made in case of an emergency? | | | | | |
| **6. Are you or any person who will have control or management of the establishment disqualified for the time being from:** | | | | | |
| Keeping a riding establishment  Keeping a dog  Keeping a pet shop  Keeping a boarding establishment for animals | | | | Yes  No  Yes  No  Yes  No  Yes  No | |
| If you have answered yes to any of the above please provide further details: | | | | | |
| **7. Have you or any person who will have control or management of the establishment any convictions under the Animal Welfare Act 2006?** | | | | | |
| Yes  No  If yes please provide further details: | | | | | |
|  | | | | | |
| **7. Please indicate below which certificates are held by the person referred to in question 4.** (originals will be required to accompany the application) | | | | | |
| British Horse Society Assistant Instructor Certificate | | | | | Yes  No |
| British Horse Society Intermediate Instructors Certificate | | | | | Yes  No |
| British Horse Society Instructors Certificate | | | | | Yes  No |
| Fellowship of the British Horse Society | | | | | Yes  No |
|  | | | | | |
| **8. If the above named person does not hold any of the above certificates please give full details below of his/her experience in the management of horses.** | | | | | |
|  | | | | | |
|  | | | | | |
| **9. Will the carrying on of the business of the establishment at any time be left under the supervision of a person under 16 years of age?** *(See note 1)* | | | | | |
|  | | | | | |
|  | | | | | |
| **10. Will supervision by a responsible person aged 16 years or over be provided at all times which the horses held at the establishment are used for the provision of instruction in riding (except in the case of a horse let out for hire for riding when the hirer is competent to ride without supervision).** *(See note 2)* | | | | | |
| Yes  No | |  | | | |
|  | | | | | |
| **If you answer yes to any of the following questions you MUST enclose with this application evidence that you hold such insurance.** | | | | | |
|  | | | | | |
| **11. Are you the holder of a current insurance policy, which insures you against liability for any injury sustained by those who hire a horse from you for riding and those who, in return for payment, use a horse in the course of receiving riding instruction?** | | | | | |
| Yes  No | |  | | | |
|  | | | | | |
| **12. Are you the holder of a current insurance policy, which insures you against liability arising out of such hire or use of a horse?** | | | | | |
| Yes  No | |  | | | |
|  | | | | | |
| **13. Are you the holder of a current insurance policy, which 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 derived from, hire or use?** | | | | | |
| Yes  No | |  | | | |
|  | | | | | |
| **14. If the answer to any of the above (15, 16, 17) is NO please state below what steps you are taking to obtain such insurance.** | | | | | |
|  | | | | | |
|  | | | | | |
| **15. How many horses are kept under the terms of the Riding Establishment Act 1964 and 1970 at the present time?** | | | | | |
|  | | | | | |
|  | | | | | |
| **16. How many horses are intended to be kept under the terms of the Riding Establishment Act 1964 and 1970 during the year?** *(See note 3)* | | | | | |
|  | | | | | |
|  | | | | | |
| **17. Is a register kept of the horses usually kept on the premises?** | | | | | |
| Yes  No  If yes, please state the details kept in the register: | | | | | |

|  |  |
| --- | --- |
| **18. What accommodation is available for horses? (please provide** | |
| **Stalls** | |
| Size dimensions |  |
| Lighting |  |
| Ventilation |  |
| Drainage |  |
| Other details |  |
| **Boxes** | |
| Size dimensions |  |
| Lighting |  |
| Ventilation |  |
| Drainage |  |
| Other details |  |
| **Covered yard** | |
| Size dimensions |  |
| Lighting |  |
| Ventilation |  |
| Drainage |  |
| Other details |  |
|  | |
| **19. Please detail what forage and bedding will be provided for the horses** | |
|  | |
|  | |
| **20. What provision shall be made for the storage and disposal of manure and spoiled straw or bedding?** | |
|  | |
| **21. What equipment and saddlery will be provided at the establishment?** | |
|  | |
|  | |
| **22. Is there land available for grazing?** | |
| Yes  No  If yes please provide details including dimensions: | |
|  | |
| **23. Is land available for instruction or demonstrating riding?** | |
| Yes  No  If yes please provide details including dimensions: | |
|  | |
| **24. Please give details of your veterinary surgeon or surgeons.** | |
| Name(s) of surgeon(s) |  |
| Name of practice |  |
| Name/no. and street |  |
| District |  |
| Postcode |  |
| Telephone number |  |
|  | |
|  | |

Declaration

I am aware of the provisions of the Riding Establishment Act 1964 and 1970.

I declare to the best of my knowledge and belief the above information is correct. I understand that if I knowingly or recklessly make a false statement or omission, I render myself liable to prosecution and my Riding Establishment Licence may be revoked.

I do hereby certify that to the best of my knowledge and belief, the above particulars are true.

Signed……………………………………………………… Date

(applicant)

Print name

**Checklist**

|  |  |
| --- | --- |
|  | √ |
| Application Form |  |
| Fee |  |
| Up to Date Horse Detail Register |  |

**NOTES**

1. A licence may be granted to an individual over the age of 18 years or a body corporate. It will be a condition of any licence granted that the carrying on of the business of a Riding Establishment shall at no time be left in the charge of any person under 16 years of age.

2. It will be a condition of any licence granted that no horse will be let out on hire for riding or used for providing instruction in riding without supervision by a responsible person of the age of 16 years or over unless (in the case of a horse let out for hire or riding) the holder of the licence is satisfied that the hirer of the horse is competent to ride without supervision.

3. “Horse” includes any mare, gelding, pony, foal, colt, filly or stallion, and also any ass, mule or jennet.

The Act regulates 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.