



**RIDING ESTABLISHMENTS ACT 1964 and 1970**

Application for a Licence / Renewal to keep a

**RIDING ESTABLISHMENT**

**This application must be completed in full and returned to:**

**Animal Health  
Flint Street  
Fartown  
Huddersfield  
HD1 6LG**

In accordance with the provisions of the above Acts

**I/WE HEREBY APPLY** for a Licence to keep a Riding Establishment

**I/WE DECLARE** that I/we am/are not disqualified under the Riding Establishment Acts 1964 and 1970 from keeping a Riding Establishment

Do you have any previous convictions under the Riding Establishment Acts 1964 and 1970: **YES/NO**

**I/WE DECLARE** that I/we have not been convicted of any offence under any Animal Health and/or Animal Welfare Legislation.

**I/WE WILL ALLOW ACCESS** at all reasonable hours to an authorised officer from Kirklees Council, the Fire Officer and RSPCA Inspector.

**I/WE FURTHER DECLARE** that I/we will abide by the Kirklees Council Riding Establishment (Incorporating Donkey Riding and Pony Parties) Conditions of Licence (2013), and the particulars given in this application are correct to the best of my/our knowledge and belief.

Signed: ..... / Print .....

Signed: ..... / Print .....

Date: .....

<b><u>Information given in this section will be listed on the Kirklees Council Website</u></b>	
<i>Business name and location:</i>	<i>Business telephone number:</i>
I would prefer my details not to be included on the website ( <b>please tick box</b> )	

**You must enclose a copy of your current insurance certificate with this application**  
**All Veterinary fees incurred by this application must also be paid by the applicant**

1. Surname: ..... Forename(s): .....  
(BLOCK CAPITALS) (BLOCK CAPITALS)

(State whether Mr/Mrs/Ms etc): .....

2. Home address (or, if a limited company, state name of company and address of registered office):

.....  
.....  
.....

Post Code: ..... Telephone No: .....

3. Trade name or title of the Riding Establishment:

.....

Address (if different to 2 above): .....

.....  
.....

Post Code: ..... Telephone No: .....

4. Does the establishment operate throughout the year? YES / NO (delete as necessary)

If not, state when it normally operates: .....

5. Who will control or manage the establishment?

.....

6. If that person holds any of the following certificates, tick the ones held and enclose them with this application:

Assistant Instructor's Certificate of the British Horse Society

Instructor's Certificate of the British Horse Society

Fellowship of the British Horse Society

Fellowship of the Institute of the Horse

7. If the person named at question 5 does not hold any of these certificates, give details of his/her experience in the management of horses (continue on separate sheet if necessary)

.....  
.....  
.....  
.....

8. Does a responsible person live at the establishment? YES / NO

If YES, who: .....

If NO, what arrangements are there in case of emergency? .....

.....  
.....

9. You are required to answer 'YES' or 'NO' to the following questions:

(i) Are you, or any person who will control or manage the establishment, disqualified from:

- |   |          |
|---|----------|
| (a) keeping a riding establishment?               | YES / NO |
| (b) keeping a dog?                                | YES / NO |
| (c) keeping a pet shop?                           | YES / NO |
| (d) having the custody of animals?                | YES / NO |
| (e) keeping a boarding establishment for animals? | YES / NO |

(ii) Do you have a current insurance policy giving cover against claims up to £5,000,000 which:

- |   |          |
|---|----------|
| (a) insures you for liability for any injury occurring to anyone who hires a horse from you for riding or who uses a horse whilst receiving paid riding instruction from you; | YES / NO |
| (b) insures you for liability occurring from such hire or use of a horse;<br>and  | YES / NO |
| (c) insures anyone hiring or using a horse for liability for any injury to any person caused by, or arising from, such hire or use  | YES / NO |

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.

.....  
.....

10. At the present time, how many horses are kept at the riding school or for hire? .....

How many horses it is intended to keep during the year? .....

11. What accommodation is available for:

(a) Horses – stalls (state number): .....

boxes (state number): .....

covered yards (state dimensions): .....

(b) Forage and bedding: .....

(c) Equipment and saddlery: .....

12. What land is available for:

(a) Grazing: .....

(b) Instruction or demonstration riding: .....  
(please give details)

.....

(c) Exercise: .....

13. Are there adequate watering arrangements? YES / NO

Is there a fresh water supply? YES / NO

14. What are the arrangements for the protection of horses in the case of fire?

.....  
.....  
.....  
.....

15. What is the name and address of your usual veterinary surgeon/practitioner?

.....  
.....  
.....  
.....