

Tick the appropriate box please.

**NEW LICENCE**

**RENEWAL OF LICENCE**

**APPLICANT**

1. Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

8. Is a responsible person living on the establishment?  
\_\_\_\_\_
- If not, what arrangements are there in case of emergency?  
\_\_\_\_\_
9. Will the carrying on of the business of the Establishment be left at any time in the charge of a person under 16 years of age? (See Note 1).  
\_\_\_\_\_  
\_\_\_\_\_
10. Will supervision by a responsible person of the age of 16 years or over be provided at all times whilst 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)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. (i) Are you, or any person who will have control or management of the establishment, disqualified for the time being from:  
(a) keeping a Riding Establishment
- YES/1 47.88 q10 n

## KEEPING OF HORSES

12. How many horses are being 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). \_\_\_\_\_

13. What accommodation is available for :-

(a) Horses?      Stalls: \_\_\_\_\_

Boxes: \_\_\_\_\_

Covered Yard: \_\_\_\_\_

(Please state number, or dimensions in the case of a Yard).

(b) Forage and Bedding? \_\_\_\_\_

\_\_\_\_\_

(c) Equipment and Saddlery? \_\_\_\_\_

\_\_\_\_\_

14. Is land available for :-

(a) Grazing? \_\_\_\_\_

(b) Instruction or demonstrating riding? (Please give details). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What is the name and address of your usual Veterinary Surgeon/ Practitioner? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I AM AWARE OF THE PROVISIONS OF THE RIDING ESTABLISHMENTS ACTS 1964 AND 1970 AND I APPLY FOR A LICENCE TO KEEP A RIDING ESTABLISHMENT COMMENCING THE FIRST DAY OF ISSUE.

- I ENCLOSE (1) THE CERTIFICATES REFERRED TO AT ITEM 6 ABOVE
- (2) THE POLICY OR OTHER EVIDENCE OF INSURANCE REFERRED TO AT ITEM 11(ii) ABOVE

**I CONFIRM I SHALL PAY THE VETERINARY SURGEON’S INSPECTION FEE.**

(Read the following statement carefully before signing it. A false statement may render you liable to prosecution.)

**I DECLARE MY ANSWERS TO THE ABOVE QUESTIONS TO BE CORRECT IN EVERY RESPECT.**

Usual signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signing on behalf of a Body Corporate, state appointment held: \_\_\_\_\_

**NOTES**

1. A licence may be granted to a person who is not a resident of the United Kingdom, if the person is a member of the British Equestrian Federation (BEF) and is a member of a riding club which is affiliated to the BEF. The person must also be a member of the BEF and a member of a riding club which is affiliated to the BEF. The person must also be a member of the BEF and a member of a riding club which is affiliated to the BEF.