

**RIDING ESTABLISHMENTS ACT 1964 AND 1970**



- APPLICATION FOR:          **A LICENCE**
- EXTENSION OF A PROVISIONAL LICENCE**

|  |   |
|--|---|
| <b>Applicant</b>   | Name: .....   |
|  | Address: .....<br>.....   |
|  | Post Code: .....                      Tel No.: .....  |
| Name and Registered Office for a Corporate Body  | .....<br>.....<br>.....<br>Post Code: .....                      Tel No.: .....   |
| <b>Premises</b>  | Trading name: .....<br>Address: .....<br>.....<br>Post Code: .....                      Tel No.: .....  |
| During which months of the year will the business operate  | .....   |
| <b>Management</b>  |   |
| State the person in direct control of the business   | .....   |
| Tick qualifications held by that person and enclose the Cert. with the application.  | <input type="checkbox"/> Instructors Cert. British Horse Society<br><input type="checkbox"/> Asst. Instructors Cert. British Horse Society<br><input type="checkbox"/> Fellowship of British Horse Society<br><input type="checkbox"/> Fellowship of Institute of the Horse |
| If that person does not hold any of these, give details of their experience in the management of horses.<br>.....<br>.....<br>.....              |   |
| State the name of any person living on the establishment, and if none, detail the arrangements made in case of emergency .....<br>.....<br>..... |   |
| Will the business be at all times in the charge of a person of the age of 16 or over? [See Note 1]<br>.....                                      |   |

|   |  |
|---|--|
| <p>Will supervision be by a responsible person of the age of 16 years or over at all times while horses from the establishment are used for providing instruction in riding or are let out on hire for riding? [See Note 2] .....</p> |  |
| <p>Is the applicant, or any person who will have control or management of the establishment, disqualified for the time being from:</p>  | <p>[a] Keeping a Riding Establishment Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[b] Keeping a dog Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[c] Keeping a Pet Shop Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[d] Having custody of animals Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[e] Keeping an Animal Boarding Establishment Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p><b>Insurance</b></p> <p>Is the applicant the holder of a current Insurance Policy for the following:</p>   | <p>[a] Insures the holder against liability for any injury sustained by those who hire a horse from the applicant for riding in those who use a horse in the course of receiving from the applicant in return for payment, instruction in riding? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[b] Insures the applicant against liability arising out of such hire or use of a horse? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>[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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>If such Policies are held, enclose evidence with the application such a Policy exists, and if no Policies are held, state what steps the applicant is taking to obtain such Insurance.</p>   | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>  |
| <p><b>Keeping of Horses</b></p> <p>How many horses are kept at the present time? [See Note 3]</p>   | <p>.....</p>   |
| <p>Give number of:</p>  | <p>[a] Horse stalls .....</p> <p>[b] Horse boxes .....</p> <p>[c] Covered yards .....</p> <p>(State the dimensions of any yard) .....</p>  |
| <p>Give details of:</p>   | <p>[a] Forage and bedding storage .....</p> <p>[b] Equipment and saddlery store .....</p>  |
| <p>Give details of land available for:</p>  | <p>[a] Grazing .....</p> <p>[b] Instruction and demonstration .....</p> <p>[c] Exercise .....</p>  |
| <p>What form of water supply is available for horses?</p>   | <p>.....</p>   |
| <p>What arrangements have been made for the protection of horses in the case of fire?</p>   | <p>.....</p> <p>.....</p> <p>.....</p>   |
| <p>What is the name and address of the applicant's usual Veterinary Surgeon?</p>  | <p>.....</p> <p>.....</p> <p>.....</p>   |

**Declaration**

I am aware of the provisions of the Riding Establishment Acts 1964 and 1970, and I apply for:

[a] a Licence

[b] an Extension to my Provisional Licence

to operate a Riding Establishment commencing on

[a] the date of issue

[b] 1<sup>st</sup> January .....

I enclose

[a] the Licence fee (see note 5 below)

[b] the Certificates of Formal Qualifications referred to above

[c] the Insurance Policy, or evidence referred to above

**NB. READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING IT.**  
**A FALSE STATEMENT MAY RENDER YOU LIABLE TO PROSECUTION.**

I declare that my answers to the above questions are correct in every respect.

Signature ..... Date .....

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

.....

Please return this form to:

Environmental Health and Trading Standards  
Housing and Environment  
Aberdeen City Council  
Business Hub 15  
Third Floor South  
Marischal College  
Broad Street  
Aberdeen AB10 1AB

Tel : (01224) 523800 Fax (01224) 523887  
E-mail: Commercial@aberdeencity.gov.uk

|                      |  |                |  |
|----------------------|--|----------------|--|
| Application Received |  | Receipt Issued |  |
| Cheque Received      |  | Licence Issued |  |