Tick the appropriate box please.				RENEWAL OF LICENCE
API		IT		
1.	Title	First Name	Surna	ame

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)?

e in			
6			
er			
е	 		

- 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).			
	aurii	ng the year?	(See Note 3).	
13.	Wha	at accommod	ation is available f	or :-
	(a)	Horses?	Stalls:	
			Boxes:	
			Covered Yard:	
	(1-)			(Please state number, or dimensions in the case of a Yard).
	(b)	Forage and	Beading?	
	(c)	Equipment	and Saddlery?	
	()		,	
14.	Is land available for :-			
	(a)	Grazing?		
	(b)		or demonstrating	
		riding? (Ple	ease give details).	
15.	Wha	at is the name	e and address of	
10.	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 b1 Tm@[]]5@se4(f)14()4(si)5(g)@ni)6(ng)?)4(on)3()]TETQ4l6ETQ30001 161.0E0/q56.61