Riding Establishments Act 1964 and 1970
Application for licence*/extension of provisional licence*

Please return this form to:
Customer First Team, 1 Grove Road, Eastbourne, BN21 4TW

1. Surname: ________________________________
   First Name: ______________________________
   Address: __________________________________
           ___________________________ Tel No: ________________

2. Private Address: ______________________________
                        ____________________________

3. Address of Riding Establishment: ______________________________
                        ____________________________

4. Is the Establishment operative throughout the year?
   Yes ☐   No ☐
   If not, state period when normally operative: From ______ to ______

5. Who will have direct control or management of the Establishment: ____________
                        ____________________________

6. If that person is the holder of any of the certificates shown below, tick against the names and enclose the certificates with this application:
   Assistant Instructor’s certificate of the British Horse Society (BHS) ☐
   Instructor’s Certificate of the BHS ☐
   Fellowships of the BHS ☐

7. If the person named at 5 above does not hold any of these certificates, give details of his or her experience in the management of horses: ____________
                        ____________________________
8. Is a responsible person living on the Establishment?

Yes ☐ No ☐

If not, what arrangements are there in case of an emergency? ________________

9. Will the carrying on of the business of the Establishment be left at any time in charge of a person under 16 years of age?

Yes ☐ No ☐

10. Will supervision by a responsible person of the age of 16 years or over be provided at all times while horses from the Establishment are used for providing instruction in riding or are let out on hire for riding?

Yes ☐ No ☐

11. The applicant is required to answer 'yes' or 'no' to the following questions:

(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 ☐ No ☐

(b) keeping a dog? Yes ☐ No ☐

(c) keeping a pet shop? Yes ☐ No ☐

(d) Having custody of animals? Yes ☐ No ☐

(e) keeping a boarding establishment? Yes ☐ No ☐

(ii) Are you the holder of a current policy which:

(b) insures you against liability for any injury sustained by those who hire a horse from you for riding and those who use a horse in the course of receiving from you, in return for payment, instruction in riding:

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)
(a) insures you against liability arising out of such hire or use of a horse; and
(b) 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 of use:

Yes ☐ No ☐

12. How many horses are kept under the terms of the Act at the present time?

________________________________________________________________________

How many horses is it intended to keep under the terms of the Act during the year?

________________________________________________________________________

13. What accommodation is available for:

(a) Horses
Stalls
Boxes
Covered yard

(b) Forage and Bedding

________________________________________________________________________

(c) Equipment and Saddlery

________________________________________________________________________

14. Is land available for:

(a) Grazing
Yes ☐ No ☐

(b) Instruction or demonstration riding
(please give details)
Yes ☐ No ☐

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

________________________________________________________________________

I am aware of the provisions of the Riding Establishments Act 1964 and 1970 and I apply for a licence*/an extension to my provisional licence* to keep a riding establishment commencing:

I enclose: The appropriate fee of £
The certificate(s) referred to at item 6 above
The policy of other evidence of insurance referred to at item 11 (ii) above

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

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

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

Signed: ________________________________

Date: ________________________________

Npb/standards/Riding Establishments Application
Riding Establishments Act 1964 and 1970

Would you please complete the details shown on this form and return it together with your completed application form.

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