

Bury Application to change an animal boarding establishment licence Animal Boarding Establishments Act 1963

For help contact licensing@bury.gov.uk Telephone: 0161 253 5208

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		* required informati
Section 1 of 3		
You can save the form at any	time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on b		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Luke	
* Family name	Millington	
* E-mail	staynplaydoggydaycare@hotmail.com	
Main telephone number	07716928281	Include country code.
Other telephone number		
☐ Indicate here if the app	olicant would prefer not to be contacted by tel	lephone
is the applicant:		
& Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an individu	ual	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason such as following a hobby.
Applicant Business		
* Is the applicant's business registered in the UK with Companies House?	Yes No	
* Registration number	9966696	
* Business name	Stay N Play Doggy Daycare Limited	If the applicant's business is registered, use its registered name.
* VAT number	none	Put "none" if the applicant is not registered for VAT.
* Legal status	Private Limited Company	

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* Applicant's position in the business	Director	
business		The country where the applicant's
Home country	United Kingdom	headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	Unit 1	
* Street	Dale Street Industrial Estate	
District		
* City or town	Radcliffe	
County or administrative area	M28 1AD	
* Postcode		
* Country	United Kingdom	
Agent Details		_
* First name	Malcolm	
* Family name	Норе	
* E-mail	mhope@mahlegal.co.uk	
Main telephone number	07950340410	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busine 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual acti	ng as an agent	person without any operating garages as
Agent Business		
* Is your business registered in the UK with Companies House?	○ Yes	
* Is your business registered outside the UK?	☐ Yes	
* Business name	Malcolm Alan Hope, Barrister at Law	If your business is registered, use its registered name.
* VAT number	NONE	Put "none" if you are not registered for VAT.
* Legal status	Sole Trader	

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* Your position in the busines	s Sole Practitioner Barrister	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Business Address		If you have one, this should be your official
* Building number or name	47	address - that is an address required of you by law for receiving communications.
* Street	James Street	
District		
* City or town	Radcliffe	
County or administrative area		
* Postcode	M26 1LN	
* Country	United Kingdom	
Section 2 of 3	EUR DE LEVE SECTION DE LA VIENE	
DETAILS OF THE LICENCE, PE	RMIT OR REGISTRATION	
Identifying The Licence		
* Type of licence, permit or registration held	Animal Boarding Establishment	
Licence, permit or registration number	AB0003	
Name of licence holder	Luke Millington	7
* vat do you want to do with	the licence, permit or registration?	
C Surrender it	Report a change	
Change A Licence		
You wish to change details ab	out the licence or permit	
Describe the change		You can attach documents and plans to this application to help explain your change.
To amend clause 28 of the lice	ence to remove the restriction relating to dogs	
* Have the changes you are re	porting occurred already?	
○ Yes	No	
* If the changes you want need inediately after permission i	d our permission, do you want to implement the saranted?	nem
Yes	C No	You need to allow time for the authority to make any decision required.
Section 3 of 3		

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ECLARATION	
I Declare that to the best of m	ny knowledge and belief the informatin provided on this application is true.
☐ Ticking this box indicate	es you have read and understood the above declaration
This section should be complet behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
Full name	Malcolm Alan Hope
* Capacity	Barrister at Law
* Date	19 / 05 / 2017 dd mm yyyy
	Add another signatory
Once you're finished you need 1. Save this form to your comp	outer by clicking file/save as
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