Tick the appropriate box please.		NEW LICENCE	RENEWAL OF LICENCE			
APPLICANT						
1.	Title	First Name	Su	rname		

0.		ishment?		
		what arrangements are there in of emergency?		_
9.	of the	ne carrying on of the business Establishment be left at any In the charge of a person under It ars of age? (See Note 1).		
10.	perso over to horse used riding riding let out hirer i	upervision by a responsible in of the age of 16 years or be provided at all times whilst is from the establishment are for providing instruction in or are let out on hire for (except in the case of a horse it for hire for riding, when the is competent to ride without vision)?		
11.		Are you, or any person who will have time being from:	ve control or management of the es	stablishment, disqualified for
		(a) keeping a Riding Establishme	ent	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					
	durir	ng the year?	(See Note 3).			
13.	Wha	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?		Bedding?			
	(c)	Equipment	and Saddlery?			
	, ,		·			
14.	Is la	nd available	for :-			
	(a)	Grazing?				
	(b) Instruction or demonstrating		or demonstrating			
		riding? (Ple	ease 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 b1 Tm@[]]5@e4(f)14()4(si)5(g)@ni)6(ng)@7)4(on)3()]T#TQ4I6ETQ30001 161. Œ101 q56. 161