

Dear Licensed Trainer,

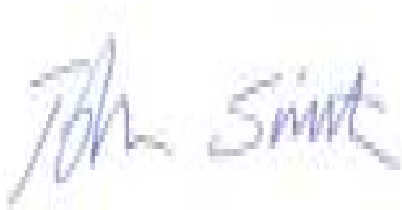
**APPLICATION FOR A CHANGE OF STABLES  
UNDER RULE C(7) OF THE BHA RULES OF RACING**

Please find enclosed an application form for a change of stables.

Every application has to be considered individually upon its merits. An inspection of your proposed training establishment will be required, in many cases correspondence involved and in some cases, a personal interview is necessary. Therefore, we would strongly advise early submission of your completed application so that it can be processed in time for the date of your intended move. We cannot guarantee that applications received within 2 weeks of your intended move will be considered by the Authority.

Should you require any further information regarding licensing requirements, please consult the 'Applications for a Licence to Train Guidance Notes' which are available on our website ([www.britishhorseracing.com](http://www.britishhorseracing.com)) or contact one of the Licensing Team on 020 7152 0140 or [licensing@britishhorseracing.com](mailto:licensing@britishhorseracing.com).

Yours sincerely,

A handwritten signature in blue ink that reads "John Smith". The signature is written in a cursive style with a large initial "J" and "S".

John Smith  
**Licensing Team Manager**

**APPLICATION FORM FOR A CHANGE OF STABLES**

**UNDER RULE (C)7 OF THE BHA RULES OF RACING**



**OFFICE USE ONLY**

Rec:	Fees:	G:	Key:
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To enable your application to be considered without delay, please do not leave any questions unanswered. If a question is not applicable insert "N/A".

Any further information which you wish the Authority to take into account should be set out in an accompanying letter.

**PERSONAL DETAILS**

Surname: \_\_\_\_\_ All Forenames: \_\_\_\_\_

Mr/Mrs/Miss/Ms: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Racing Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Address to which correspondence should be sent if different from above: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**PROPOSED TRAINING ESTABLISHMENT**

Date of intended move to new establishment: \_\_\_\_\_

Name and address of **PRINCIPAL STABLE YARD**: \_\_\_\_\_

\_\_\_\_\_

Stables Tel. No \_\_\_\_\_ Number of boxes available in this yard:

Is the Principal Yard in your sole ownership? Yes  No

If the answer is no, please state details of ownership and arrangements under which it is occupied

\_\_\_\_\_

A copy of the lease or agreement is enclosed Yes  No

The lease or agreement is being prepared and a copy will be forwarded shortly Yes  No

If your residence and the principal yard are separate, please give details of the individual living at the yard:

Name \_\_\_\_\_ Position held \_\_\_\_\_

Accommodation available for Stable Staff: \_\_\_\_\_

Has the establishment previously been used as a Racing Stables? Yes  No

(If so, please say by whom and the years involved. If not, say for what purpose it has been used previously)

\_\_\_\_\_

Is any other business, other than the training of racehorses, conducted at these premises?

\_\_\_\_\_

## ADDITIONAL YARDS

Details of any Additional Yards used by yourself which for inclusion on your licence:

Name of Additional Yard	No. of Boxes	Distance from Principal Yard	Name of employee living at/in charge of premises
(i) _____	_____	_____	_____
(ii) _____	_____	_____	_____

If any of the Additional Yards are not in your sole ownership, give details of ownership and arrangements under which they are occupied together with details of the period of any Lease, or Tenancy Agreement, and date of expiry:

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

Details of any other yards under your control that are used for horses not in training or for young stock:

Name & address by which yard is known \_\_\_\_\_ No of Boxes \_\_\_\_\_

## PLANNING PERMISSION

	Yes	Not at present
Has planning permission been obtained for the construction of the Principal / Additional Yard?	<input type="checkbox"/>	<input type="checkbox"/>
Has change of use from Agricultural Building to Commercial Training Establishment been authorised?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered no to either of the above, please state current position:

\_\_\_\_\_

## OTHER YARDS NOT FOR INCLUSION ON LICENCE

Name & address by which yard is known \_\_\_\_\_

\_\_\_\_\_ No of Boxes \_\_\_\_\_

## TRAINING FACILITIES

Note: If you depend upon gallops, starting stalls or schooling facilities owned by someone other than yourself, written confirmation for their use from the owner must be produced annually. If applicable, please state if such authority is enclosed or to follow.

\_\_\_\_\_

## GALLOPS

If applicable, please state the names of the gallops used: \_\_\_\_\_

Please give brief description of your gallops including length, width, type of surface etc. and their situation

\_\_\_\_\_

Do you own the main gallops? Yes  No

If no, please state the name of the owner and arrangements under which they are used, (eg. leased, central facilities)

\_\_\_\_\_

Approximate distance to be travelled from your Principal Yard to the main gallops: \_\_\_\_\_

## PRACTICE STARTING STALLS

Description of the type of stalls to be used and the number of bays: \_\_\_\_\_

Owner of starting stalls used: \_\_\_\_\_

Please indicate where the unit is sited and the approximate distance from your principle yard: \_\_\_\_\_

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## SCHOOLING FENCES & HURDLES

Situation of schooling facilities and approximate distance from your principal yard: \_\_\_\_\_

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Number of schooling fences available to you: \_\_\_\_\_

Number of flights of hurdles available to you: \_\_\_\_\_

Owner of schooling facilities used: \_\_\_\_\_

## EMPLOYMENT STATUS

Do you intend to train as:                      A self-employed person                       As an employed Trainer

If the answer is "as an employee", please state (in full) by whom you are employed.

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**Note:** If you intend to train on a different employment status to that which your current Licence has been issued additional details will be required (as detailed in the Guidance Notes for a Licence to Train).

## PAYMENT OF INSPECTION FEE

Please indicate how you wish to pay the Inspection Fee of £209.40 (inc. £34.90 VAT):

Debit my account

I enclose a cheque made payable to 'British Horseracing Authority Limited'

## DECLARATION

The British Horseracing Authority ("BHA") undertakes to consider this application in accordance with and subject to the Rules of Racing and the criteria and procedures approved from time to time by the BHA (see attached Guidance Notes).

A person who is not a party to this application has no right under the Contracts (Rights to Third Parties) Act 1999 to enforce any term of the agreement resulting from the application.

Any information (including personal data and sensitive personal data) provided by the applicant may be held by the BHA or Weatherbys Group Ltd in their computer records, and such information may be properly disclosed to other agencies registered to receive such information in connection with the management, regulation and integrity of horseracing and otherwise used or disclosed by the BHA in connection with the regulation of horseracing generally.

To the best of my knowledge and belief the foregoing particulars as completed in this Application Form are accurate and true.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to The Licensing Department, British Horseracing Authority, 75 High Holborn, London, WC1V 6LS. Tel: 020 7152 0140 – Fax: 020 7152 0141.