



Application for a Tent Site Licence

Public Health Act 1936

(Fields marked * are compulsory)

SECTION 1

1. Applicant details

*First name

*Family name

*Email

Main tel. no. (Please include country code.)

Other tel. no.

Indicate here if you would prefer not to be contacted by telephone

Are you an agent acting on behalf of the applicant?

Yes

No

(Put 'No' if you are applying on your own behalf or on behalf of a business you own or work for.)

Are you:

Applying as a business or organisation, including as a sole trader.
If 'Yes', please go to 1(a).

Applying as an individual.
If 'Yes', please go to 1(b).

(A sole trader is a business owned by one person without any special legal structure.)

1(a) Your business

*Is your business registered in the UK with Companies House? Yes No

*Is your business registered outside the UK? Yes No

*Business name (If your business is registered, use its registered name.)

*VAT number (Put 'none' if you are not registered.)

*Legal status

*Your position in the business?



(Continued from previous page)

Business address

*Building no. or name	<input type="text"/>	(Address business correspondence must be sent to.)
*Street	<input type="text"/>	
District	<input type="text"/>	
*City or town	<input type="text"/>	
County or administrative area	<input type="text"/>	
*Postcode	<input type="text"/>	
*Country	<input type="text"/>	
Home country	<input type="text"/>	(The country where the headquarters of your business is located.)

1(b) Your address

*Building no. or name	<input type="text"/>	(Address official correspondence should be sent to.)
*Street	<input type="text"/>	
District	<input type="text"/>	
*City or town	<input type="text"/>	
County or administrative area	<input type="text"/>	

You must enter a valid UK postcode

*Postcode	<input type="text"/>
*Country	<input type="text"/>
Home country	<input type="text"/>



SECTION 2

Type of application

Please indicate whether your application is for a new licence or a transfer.

New application

Transfer

If a transfer, please give details of previous licence holder

Location of the proposed tent site

*Trading name

Are you able to provide a postal address, OS map reference or description of the premises?

Address:

OS map ref:

Description:

Address

Is the address the same as (or similar to) the address given in section one?

Yes

No

(If 'Yes', you do not need to complete this section.)

*Building no. or name

*Street

District

*City or town

County or administrative area

Postcode

*Country

*Area of site (in acres or hectares)

*Area of the site suitable for tents (in acres or hectares)



SECTION 3

Ownership and management

Ownership

*Applicant's interest in the premises:

Freehold

Leasehold

Tenant

Other

Leasehold/tenant/other

Please give details of the lease, tenancy or other arrangement.

[Empty text box for lease/tenancy details]

Management

What arrangements, if any, are proposed for the management of the site?

[Empty text box for management arrangements]

Tents

Maximum number on site at any one time:

Season dates (Do not complete year field if licence is for unlimited duration.)

From Day Month Year

To Day Month Year



SECTION 4

Site facilities

Please give details of the arrangements for:

*Water supply

*Communal toilet and shower facilities

*Communal laundry and washing-up facilities

*Sewage disposal

*Wastewater disposal

*Refuse storage and disposal

*Site lighting

*Fire precautions



SECTION 6

Previous applications

*Has the applicant, or any person named in this application, previously applied for a similar licence? (Please check all that apply).

No

Yes – application granted and revoked

Yes – application granted

Yes – application refused

Application granted

*Local authority applied to

*Date of licence/registration

No. of licence/registration certificates

Application granted and revoked

*Local authority applied to

*Date of licence/registration

*No. of licence/registration certificates

*Date of licence/registration revoked

Application refused

*Local authority applied to

*Date of application

*Date of refusal

*Refusal reason

SECTION 7

Additional details

Further information regarding the application process and timescales can be found on the council's website.

Additional information which is required or may be relevant to the application: _____



**This form should be returned to: Babergh & Mid Suffolk District Councils
Endeavour House, 8 Russell Road, Ipswich, IP1 2BX**

Alternatively please email to: foodsafety@baberghmidsuffolk.gov.uk