

**CARAVAN SITES
AND CONTROL OF DEVELOPMENT ACT 1960
APPLICATION FOR TRANSFER OF SITE LICENCE
(HOLIDAY SITES)**

Name, address/location of site :-

Complete Q.1 - in respect of the current licence holder

1. DETAILS OF CURRENT LICENCE HOLDER

(a) Full name including previous names	
(b) Address	
Telephone & email contact details	

Complete Q.2(a) or Q.2(b) depending on whether the proposed licence holder is an individual or company, partnership etc.

2(a) DETAILS OF PROPOSED LICENCE HOLDER (if an Individual)

Full name (including any previous names)	
Age, date and place of birth	

Address	
Telephone & email contact details	

2(b). DETAILS OF PROPOSED LICENCE HOLDER WHO IS COMPANY, PARTNERSHIP or CHARITY (not an individual)

Trading/company name Registered number Charity number (if applicable)	
Address of principal or registered office Telephone & email contact details	
Name and address of person who holds the most senior position within the company/partnership etc Date and place of birth Telephone & email contact details	
Full name (including any/all previous names) and address of employee to carry on day-to-day management Date and place of birth Telephone & email contact details	

3. Please State the proposed Date of Transfer State proposed licence holder's interest in land (eg owner or tenant) and give particulars of lease or tenancy, if any	
4. Has the proposed licence holder held a site licence which has been revoked at any time in the last three years?	YES/NO (delete as appropriate) If YES, give details

5. Declaration

A. We declare that the particulars given on this form are correct to the best of my knowledge and belief

B. We understand that the information supplied by me/us as detailed in this form may be stored on a computer system by this Authority for the purpose of Licensing and that information may be disclosed to the police and other relevant parties for vetting and background enquiries whilst processing this application.

C. We understand that 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.

For further information see - <https://www.scotborders.gov.uk/nationalfraudinitiative> on the Council website or contact the Fraud Hotline on 01835 826825

Date:.....Signature of Current Licence Holder

Date:.....Signature of Proposed licence holder:

FOR OFFICE USE ONLY

Date received	Date to - Police Licensing Planning Environmental Health	Fire Building Control	Date Granted/ Refused
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