

 **APPLICATION FOR THE TRANSFER OF CARAVAN SITE LICENCE**

**CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960**

**Consent to transfer by current licensee:**

1. Name of Site ………………………………………………………………………..

2. Address of Site..............................................................................................

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Postcode.....................................................

3. Transfer to: (name of new licensee(s))………………………………………………………………

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4. Date from which the transfer is required …………………………..

Signed…………………………………………... Date…………………………

Name in block capitals………………………………………………………………………

Address...................................................................................................................

............................................................... Postcode ......................................................

Contact Telephone Number............................................................

Mobile Telephone No ....................................……………………….

Email address

**Where it is not possible to obtain the above signature, a solicitors letter will be accepted. An alternative would be suitable proof of ownership or leasehold.**

**Please ensure that the site licence(s) issued in respect of the above site is included with this application.**

**To be completed by the prospective site licensee:**

**In the case of a partnership, each applicant must complete and sign this form**

Full Name of \*Applicant(s)/Partnership/Company

.......................................................................................................

2. Address of \*Applicant(s)/Partnership (in case of a limited company, please give the registered office)

\*Delete as appropriate

3. .......................................................................................................................................

..........................................................................................................................................

............................................................... Postcode ......................................................

4. Telephone Number .................................................................................

 Mobile Telephone No ...............................................................................

5. Name of site (please indicate if name is to be changed).....………………………………….

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6. Applicant’s interest in the land (where a lease or tenancy, please give details)

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7. Please provide contact name(s) to whom queries and correspondence should be addressed

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**Site details**

8. Two copies of a lay-out plan of the site to a scale of not less than 1/500 must be attached showing the:

A) Boundaries of the site

B) Position of caravan standings

C) Roads and footpaths

D) Toilet block, stores and other buildings

E) Foul and surface water drainage

F) Water supply points

G) Recreation spaces

H) Fire points

I) Parking spaces

The plan must distinguish between facilities already provided and facilities proposed.

9. Map reference number submitted with application...........................................................

**Declaration**

10. Have you held a site licence which has been revoked at any time in the last 3 years?

YES/NO If yes please provide details ...........................................................................

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11. Have you been prosecuted under the Caravan Sites & Control of Development Act 1960 for:

a) Operating a site without a licence YES/NO

b) Breach of licence conditions YES/NO

If ‘YES’ to either a) or b) provide details of:

i) Name and address of relevant site ........................................................................

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ii) Date of prosecution ...............................................................................................

iii) Amount of fine(s) imposed .....................................................................................

iv) Nature of offence(s) ...............................................................................................

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**In the case of a partnership, each applicant must complete and sign this form**

Signature of Applicant .......................................................................Date.............................

Name in block capitals………………………………………………………………………………

**Office, address and contact details: Public Protection, Licensing, Stakeford Depot, Stakeford,** **Northumberland, NE62 5TR**

**Telephone: 0845 600 6400 ∙ Fax (01670) 626059 ∙ Web: www.northumberland.gov.uk**