

## 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	
Postcode	
3. Transfer to: (name of new licensee(s))	
4. Date from which the transfer is require	ed
Signed	Date
Name in block capitals	
Address	
Postcode	<b>.</b>
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	
*Delete as appropriate	
3	
4. Telephone Number	
Mobile Telephone No	
5. Name of site (please indicate if name is to be changed)	
6. Applicant's interest in the land (where a lease or tenancy, please give details)	
7. Please provide contact name(s) to whom queries and correspondence should be addressed	
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 Have you held a site licence which has been revoked at any time in the last 3 years?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
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
ii) Date of prosecution
iii) Amount of fine(s) imposed
iv) Nature of offence(s)
In the case of a market while cash and is not mark a smallest and sing this forms
In the case of a partnership, each applicant must complete and sign this form
Signature of ApplicantDate
Name in block capitals

Address: Licensing Team, Business Compliance & Public Safety Unit, Public Protection Service, West Hartford Business Park, Cramlington, Northumberland, NE23 3JP

Telephone: 0845 600 6400 ·

Web: www.northumberland.gov.uk