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| **GLASGOW CITY COUNCIL**   GUIDELINES FOR MOBILE HOME SITESWITH PERMANENT RESIDENTSSITE LICENCE APPLICATIONS |  |

Before lodging your application for a licence for a Permanent Site Licence please ensure that you have read the guidance notes.

1. The application form cannot be accepted unless all relevant sections are fully and accurately completed:-

* 1. Section 1 to be completed by all applicants.

* 1. Section 2 only to be completed if applying for the first site licence (ie a licence for a ‘relevant permanent site’) in respect of the land.

* 1. Section 3 only to be completed if applying for renewal of an existing site licence.

* 1. Section 4 only to be completed if applying to transfer an existing site licence from the current licence holder (“the applicant”) to another person/corporate body (“the transferee”)

* 1. Section 5 to be completed by all applicants applying for the first site licence in respect of the land and by any applicant applying to renew an existing site licence if proposed changes are to be made to the site.

* 1. Section 6 to be completed by all applicants except for the renewal of an existing site licence where there are no changes to details of the site/applicant/manager.
  2. Where the applicant/transferee is an individual natural person, the whole of Section 7 must be completed, and Section 8 should be ignored.

* 1. Where the applicant/transferee is a company, partnership or other non-natural person, the whole of Section 8 must be completed and Section 7 should be ignored.

* 1. Section 9 requires to be completed by all applicants/transferees.

* 1. Where day-to-day management of the site is to be undertaken by the applicant/transferee Section 10 should be ignored.

* 1. Where day-to-day management of the site is to be undertaken by persons other than the applicant/transferee Section 10 must be completed.

* 1. Section 11 requires to be completed by all applicants/transferees and site managers.

1. Please send your completed application by post to Licensing, Glasgow City Council

**GLASGOW CITY COUNCIL**

Caravan Sites and Control of Development Act 1960

The Housing (Scotland) Act 2014

The Licensing of Relevant Permanent Sites (Scotland) Regulations 2016

# *Application for Grant / Renewal / Transfer of A Permanent Site Licence*

**FOR OFFICE USE ONLY Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EACH QUESTION IN RELEVANT SECTIONS MUST BE ANSWERED **(IN BLOCK CAPITALS AND BLACK INK)**

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| **SECTION 1 – WHAT TYPE OF LICENCE ARE YOU APPLYING FOR? (TICK ONE BOX ONLY)** |
| **INITIAL** APPLICATION  **GO TO SECTION 2 BELOW**  **RENEWAL** APPLICATION  **GO TO SECTION 3 BELOW**  TRANSFER OF **AN** EXISTING PERMANENT SITE LICENCE  **GO TO SECTION 4 BELOW** |

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| **SECTION 2 – INITIAL APPLICATION FOR PERMANENT SITE LICENCE** |
| IS THE FEE OF **£600** ENCLOSED? **YES**  **GO TO SECTION 5 BELOW**  **NO**     **IF ‘NO’, THE APPLICATION CANNOT BE ACCEPTED** |

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| **SECTION 3 – ONLY TO BE COMPLETED IF APPLICATION IS FOR RENEWAL OF A PERMANENT SITE LICENCE** | |
| IS THE FEE OF **£300** ENCLOSED? **YES**   **NO**     I**F ‘NO’, THE APPLICATION CANNOT BE ACCEPTED** | |
| LOCATION AND DESCRIPTION OF SITE  (INCLUDE SITE NAME & POSTAL ADDRESS AS SHOWN ON EXISTING LICENCE, AND LAND REGISTER TITLE NUMBER IF KNOWN): | |
| **DETAILS OF CURRENT LICENCE HOLDER (AS WRITTEN ON LICENCE) – TO BE COMPLETED IF A NATURAL PERSON (INCLUDE ALL JOINT LICENCE HODERS. USE SEPARATE SHEET IF NECESSARY)** | |
| FULL NAME: |  |
| HOME ADDRESS:      DATE OF BIRTH:    POSTCODE: |  |
| DAYTIME TELEPHONE NUMBER: |  |
| E-MAIL ADDRESS: | |
| **DETAILS OF CURRENT LICENCE HOLDER (AS WRITTEN ON LICENCE) – TO BE COMPLETED IF NOT A NATURAL PERSON (e.g. IF EXISTING LICENCE HOLDER IS A COMPANY OR PARTNERSHIP)** | |
| NAME OF BODY: | ADDRESS OF PRINCIPAL OR REGISTERED OFFICE: |
| TELEPHONE NUMBER: | COMPANY’S REGISTERED NUMBER (IF APPLICABLE): |
| E-MAIL ADDRESS: | IF LICENCE HOLDER IS A CHARITY, BODY’S CHARITY NUMBER: |
| **ARE THERE ANY CHANGES TO THE DETAILS WHICH YOU PREVIOUSLY PROVIDED?** | |
| ARE THERE ANY CHANGES TO THE INFORMATION PREVIOUSLY PROVIDED?  (EG CHANGE OF SITE NAME, LICENCE HOLDER’S NAME, HOME ADDRESS, DAY-TO-DAY MANAGEMENT OF SITE,  CONVICTIONS ETC)  **YES**  **CONTINUE FROM SECTION 5 AND COMPLETE ALL RELEVANT SECTIONS TO SHOW ANY CHANGES**  **NO**  **SIGN AND DATE FORM AND, IF APPROPRIATE, STATE DESIGNATION WITHIN COMPANY** | |

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| **SECTION 4 – ONLY TO BE COMPLETED IF APPLICATION IS FOR THE TRANSFER OF AN EXISTING PERMANENT SITE LICENCE** | |
| LOCATION AND DESCRIPTION OF SITE  (INCLUDE SITE NAME & POSTAL ADDRESS AS SHOWN ON EXISTING LICENCE, AND LAND REGISTER TITLE NUMBER IF KNOWN): | |
| **DETAILS OF TRANSFEROR (i.e. EXISTING LICENCE HOLDER) – TO BE COMPLETED IF A NATURAL PERSON (INCLUDE ALL JOINT LICENCE HODERS. USE SEPARATE SHEET IF NECESSARY)** | |
| FULL NAME: |  |
| HOME ADDRESS:        POSTCODE: DATE OF BIRTH: |  |
| TELEPHONE NUMBER: |  |
| E-MAIL ADDRESS: | |
| **DETAILS OF TRANSFEROR (i.e. EXISTING LICENCE HOLDER) – TO BE COMPLETED IF NOT A NATURAL PERSON (e.g. IF EXISTING LICENCE HOLDER IS A COMPANY OR PARTNERSHIP)** | |
| NAME OF BODY: | ADDRESS OF PRINCIPAL OR REGISTERED OFFICE: |
| DAYTIME TELEPHONE NUMBER: | COMPANY’S REGISTERED NUMBER (IF APPLICABLE): |
| E-MAIL ADDRESS: | IF LICENCE HOLDER IS A CHARITY, BODY’S CHARITY NUMBER: |
| **AFTER COMPLETING THIS SECTION, PLEASE GO STRAIGHT TO SECTION 6** | |

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| **SECTION 5 – THE SITE(ONLY TO BE COMPLETED FOR AN INITIAL APPLICATION AND RENEWAL (IF SITE HAS CHANGED))** | |
| LOCATION AND DESCRIPTION OF SITE FOR WHICH LICENCE IS REQUIRED  (INCLUDE POSTAL ADDRESS & SITE NAME, IF IT HAS ONE, AND LAND REGISTER TITLE NUMBER): | |
| ACREAGE OF SITE: | |
| HAS PLANNING PERMISSION FOR THE SITE BEEN OBTAINED FROM THE PLANNING AUTHORITY? **YES**  **NO**   PLEASE ENCLOSE A COPY OF THE PLANNING PERMISSION AND STATE:  DATE OF PERMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    DATE (IF ANY) ON WHICH PERMISSION WILL EXPIRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE NOTE THAT THE APPLICATION CANNOT BE ACCEPTED IF THERE IS NO PLANNING PERMISSION FOR THE SITE.** | |
| **STATE THE MAXIMUM NUMBER OF MOBILE HOMES**  **(IF APPROPRIATE, OF EACH TYPE) PROPOSED TO BE**  **STATIONED AT ANY ONE TIME FOR THE PURPOSES OF**  **HUMAN HABITATION** |  |
| A LAYOUT PLAN OF THE SITE, TO A SCALE OF 1:50, SHOULD BE ATTACHED SHOWING THE BOUNDARIES OF THE SITE, THE POSITIONS OF MOBILE HOME STANDINGS AND, WHERE APPROPRIATE:     * ROADS AND FOOTPATHS (SHOWING IN PARTICULAR THE FORM AND CONSTRUCTION OF ANY NEW ACCESS TO THE   SITE);   * TOILET BLOCKS SHOWING SANITARY FACILITIES, WASH-HAND BASINS, BATHS, SHOWERS AND LAUNDRY FACILITIES  STORES AND OTHER BUILDINGS; * FLOOD AND SURFACE WATER DRAINAGE; * WATER SUPPLY; * RECREATION SPACE; * FIRE PRECAUTIONS; * CAR PARKING SPACES; * PLANTING OF TREES AND BUSHES FOR AMENITY PURPOSES; and * SITE LIGHTING     **NOTE: IN THE CASE OF EXISTING SITES, THE PLAN SHOULD SHOW THE FACILITIES ALREADY AVAILABLE AS WELL AS PROPOSALS FOR IMPROVEMENT** | |
| GIVE DETAILS OF THE ARRANGEMENTS FOR REFUSE AND, WHERE NOT SHOWN ON THE PLAN, FOR SEWAGE AND WASTEWATER DISPOSAL, LITTER COLLECTION AND DISPOSAL: | |

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| **SECTION 6 – APPLICANT’S / TRANSFEREE’S INTEREST IN SITE (TO BE COMPLETED FOR ALL APPLICATIONS)** |
| IS THE APPLICANT / TRANSFEREE THE OCCUPIER OF THE SITE? **YES**  **NO**     **NOTE: “OCCUPIER” HERE MEANS THE PERSON WHO IS ENTITLED TO POSSESSION OF THE SITE BY VIRTUE OF AN ESTATE OR INTEREST THEREIN (EG, AS OWNER OR TENANT)**    IF ‘**NO’,** STATE APPLICANT’S INTEREST IN LAND (EG OWNER OR TENANT) AND GIVE PARTICULARS OF LEASE OR TENANCY (INCLUDE, WHERE APPROPRIATE, ANY LAND REGISTER TITLE NUMBER IN RESPECT OF LEASE AGREEMENT) |

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| **SECTION 7 – APPLICANT / TRANSFEREE**    **TO BE COMPLETED IF A NATURAL PERSON (INCLUDE ALL JOINT OCCUPIERS APPLYING FOR THE LICENCE. USE SEPARATE SHEET IF NECESSARY)** | |
| FULL NAME: |  |
| HOME ADDRESS:          POSTCODE: DATE OF BIRTH: |  |
| TELEPHONE NUMBER: |  |
| E-MAIL ADDRESS: | |
| **IF ANY APPLICANT / TRANSFEREE USES OR HAS USED MORE THAN ONE NAME, PROVIDE EACH OF THOSE NAMES.**    **OTHER NAME(S) (IF APPLICABLE)** | |
| FULL NAME: |
| FULL NAME: |
| **IF ANY APPLICANT / TRANSFEREE HAS LIVED AT THEIR CURRENT HOME ADDRESS FOR LESS THAN 5 YEARS, PROVIDE PREVIOUS HOME ADDRESS(ES) FOR PREVIOUS 5 YEARS**    **PREVIOUS HOME ADDRESS(ES) IN PREVIOUS 5 YEARS (IF APPLICABLE):** | |
| HOME ADDRESS:            POSTCODE: | HOME ADDRESS:            POSTCODE: |

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| **SECTION 8 – APPLICANT / TRANSFEREE**    **TO BE COMPLETED IF NOT A NATURAL PERSON (e.g. IF APPLICANT / TRANSFEREE IS A COMPANY OR PARTNERSHIP)**    **WHERE THE APPLICANT / TRANSFEREE IS NOT A NATURAL PERSON, STATE THE NAME, ADDRESS OF PRINCIPAL OR REGISTERED OFFICE AND CONTACT DETAILS OF THE BODY. IF APPLICANT / TRANSFEREE IS A CHARITY, PROVIDE THE BODY’S CHARITY NUMBER.** | |
| NAME OF BODY: | ADDRESS OF PRINCIPAL OR REGISTERED OFFICE: |
| DAYTIME TELEPHONE NUMBER: | COMPANY’S REGISTERED NUMBER (IF APPLICABLE): |
| E-MAIL ADDRESS: | IF APPLICANT / TRANSFEREE IS A CHARITY, BODY’S CHARITY NUMBER: |

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| **STATE THE FULL NAME, DATE OF BIRTH AND PRIVATE ADDRESS OF THE PERSON WHO HAS THE MOST SENIOR POSITION WITHIN THE MANAGEMENT STRUCTURE OF THE BODY (NOT JUST OF THE**  **SITE).**    **FULL NAME AND PRIVATE ADDRESS OF THE PERSON WHO HAS THE MOST SENIOR POSITION WITHIN THE MANAGEMENT STRUCTURE OF THE BODY (NOT JUST OF THE MOBILE HOME SITE)** |
| FULL NAME:      DATE OF BIRTH:      POSITION WITHIN BODY:      HOME ADDRESS:      POSTCODE: |

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| **SECTION 9 – DAY-TO-DAY MANAGEMENT OF SITE**    **TO BE COMPLETED BY ALL CATEGORIES OF APPLICANT / TRANSFEREE** |
| IS THE APPLICANT / TRANSFEREE TO CARRY OUT DAY-TO-DAY MANAGEMENT OF THE SITE?  **YES**  **GO STRAIGHT TO SECTION 11**  **NO**  **GO TO SECTION 10 BELOW** |

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| **SECTION 10 – DAY-TO-DAY MANAGER DETAILS**    **TO BE COMPLETED IF DAY-TO-DAY MANAGEMENT OF SITE TO BE UNDERTAKEN BY A NATURAL PERSON** | |
| FULL NAME: |  |
| HOME ADDRESS:      POSTCODE: DATE OF BIRTH: |  |
| TELEPHONE NUMBER: |  |
| E-MAIL ADDRESS: | |
| **IF ANY PERSON APPOINTED TO MANAGE A SITE USES OR HAS USED MORE THAN ONE NAME, PROVIDE EACH OF THOSE NAMES.**    **OTHER NAME(S) (IF APPLICABLE)** | |
| FULL NAME: |
| FULL NAME: |

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| **IF ANY PERSON APPOINTED TO MANAGE A SITE HAS LIVED AT THEIR CURRENT HOME ADDRESS FOR LESS THAN 5 YEARS, PROVIDE PREVIOUS HOME ADDRESS(ES) FOR PREVIOUS 5 YEARS**    **PREVIOUS HOME ADDRESS(ES) IN PREVIOUS 5 YEARS (IF APPLICABLE):** | |
| HOME ADDRESS:          POSTCODE: | HOME ADDRESS:          POSTCODE: |

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| **DAY-TO-DAY MANAGEMENT – TO BE COMPLETED IF NOT A NATURAL PERSON (e.g. IF DAY-TO-DAY MANAGEMENT OF SITE TO BE UNDERTAKEN BY A COMPANY)**    **WHERE THE DAY-TO-DAY MANAGER IS NOT A NATURAL PERSON, STATE THE NAME, ADDRESS OF PRINCIPAL OR REGISTERED OFFICE AND CONTACT DETAILS OF THE BODY** | |
| NAME OF BODY: | ADDRESS OF PRINCIPAL OR REGISTERED OFFICE: |
| TELEPHONE NUMBER: |
| E-MAIL ADDRESS: | COMPANY’S REGISTERED NUMBER (IF APPLICABLE): |

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| **STATE THE FULL NAME, DATE OF BIRTH AND PRIVATE ADDRESS OF THE PERSON WHO HAS THE MOST SENIOR POSITION WITHIN THE MANAGEMENT STRUCTURE OF THE BODY (NOT JUST OF THE**  **SITE)**    **FULL NAME AND PRIVATE ADDRESS OF THE PERSON WHO HAS THE MOST SENIOR POSITION WITHIN THE MANAGEMENT STRUCTURE OF THE BODY (NOT JUST OF THE MOBILE HOME SITE)** |
| FULL NAME:      DATE OF BIRTH:      POSITION WITHIN BODY:      HOME ADDRESS:      POSTCODE: |

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| **SECTION 11 - TO BE COMPLETED BY ALL APPLICANTS / TRANSFEREES AND, WHERE RELEVANT, SITE MANAGERS** | | | | |
| SUBJECT TO THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974, PLEASE GIVE PARTICULARS BELOW OF ANY OFFENCES FOR ANY PARTY NAMED IN SECTION 3, 7, 8 OR 10. INCLUDE OFFENCES FOR WHICH ANY PERSON MENTIONED WAS ADMONISHED (CONTINUE ON SEPARATE SHEET IF NECESSARY). | | | | |
| NAME | DATE | COURT | OFFENCE | SENTENCE |
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## NOTE: ALL CRIMINAL OFFENCES MUST BE DECLARED

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| HAVE YOU EVER APPLIED FOR AND BEEN REFUSED A  LICENCE FOR THE SAME OR SIMILAR TYPE OF ACTIVITY?    **YES**  **NO**  | IF **YES,** WHEN WERE YOU REFUSED?      FOR WHICH TYPE OF ACTIVITY WERE YOU REFUSED?      WHICH AUTHORITY REFUSED YOU A LICENCE/PERMIT? |
| HAVE YOU HAD A SITE LICENCE REVOKED IN THE PAST 3 YEARS?    **YES**  **NO**  | IF **YES,** WHEN WAS THE LICENCE REVOKED?      WHICH AUTHORITY REVOKED YOUR LICENCE? |
| **NOTE: The local authority must not issue a Part 1A site licence to a person whom the local authority knows has held a site licence which has been revoked under this Act less than 3 years before that time** | |

I DECLARE THAT ALL PARTICULARS GIVEN BY ME ON THIS FORM ARE TRUE AND HEREBY CONSENT TO THE COUNCIL CARRYING OUT SUCH BACKGROUND INQUIRIES AS THEY CONSIDER NECESSARY TO ASCERTAIN MY SUITABILITY AS AN APPLICANT.

ANY PERSON WHO IN OR IN CONNECTION WITH THE MAKING OF THIS APPLICATION MAKES ANY STATEMENT WHICH HE KNOWS TO BE FALSE OR RECKLESSLY MAKES ANY STATEMENT WHICH IS FALSE IN A MATERIAL PARTICULAR SHALL BE GUILTY OF AN OFFENCE.

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESIGNATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF THE APPLICANT IS A COMPANY, THE PERSON SIGNING THE APPLICATION FORM SHOULD STATE THEIR DESIGNATION WITHIN THE COMPANY**

**DATA PROTECTION ACT 2018 AND GENERAL DATA PROTECTION REGULATION**

THE INFORMATION SUPPLIED WILL BE USED FOR THE PURPOSES OF THIS APPLICATION AND IN ACCORDANCE

WITH THE DATA PROTECTION ACT 2018

**IMPORTANT NOTES**

1. YOU MUST ENCLOSE THE FOLLOWING WITH THE APPLICATION FORM FOR THE APPLICATION TO BE LODGED: -

* 1. THE RELEVANT FEE, WHERE APPLICABLE.
  2. A SET OF 6 PLANS OF THE SITE, OR THE PROPOSED SITE, TO A SCALE OF 1:50.
  3. A COPY OF THE MOST RECENT GAS SAFETY CERTIFICATE FOR EACH MOBILE HOME THAT IS OWNED BY THE APPLICANT AND RENTED UNDER A RENTAL OR TENANCY AGREEMENT TO AN OCCUPIER.
  4. A COPY OF THE MOST RECENT ELECTRICAL SAFETY CERTIFICATE COVERING THE ELECTRICAL INSTALLATION AND, FOR EACH MOBILE HOME THAT IS OWNED BY THE APPLICANT AND RENTED UNDER A RENTAL OR TENANCY AGREEMENT TO AN OCCUPIER, ELECTRICAL APPLIANCES.
  5. PROOF OF BUILDINGS INSURANCE.
  6. PROOF OF PUBLIC LIABILITY INSURANCE.
  7. COPY OF PLANNING PERMISSION.

1. IN THE EVENT OF ANY FURTHER ENQUIRIES PLEASE TELEPHONE 0141 287 5354