**A white banner with a pink and black logo

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**APPLICATION FOR INCLUSION ON THE FIT AND PROPER PERSON REGISTER**

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| **For sole traders/individuals complete section A. For partnerships, companies, etc. complete section B. All applicants must complete sections C to O.** |

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| **A** | **DETAILS OF INDIVIDUAL APPLICANTS** | | |
| First name(s): | | | |
| Surname: | | | Title: |
| Correspondence Address:  Postcode: | | | |
| Telephone (work): | | Telephone (mobile): | |
| Email address: | | | |

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| **B** | **COMPANY OR OTHER APPLICANT DETAILS** | |
| Name of person completing the form: | | |
| Position in company: | | |
| Type of business (e.g. Limited Company, Partnership, etc.): | | |
| Company Name: | | |
| Correspondence Address:  Postcode: | | |
| Telephone (office) | | Telephone (mobile): |
| Email address: | | |
| Name of each relevant officer | | Role in management of the site |
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| Please use an additional page if necessary | | |

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| **C** | **DETAILS OF THE CARAVAN SITE TO WHICH THE APPLICATION REFERS** |
| Site Name: | |
| Site Address:  Site Postcode: | |

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| **D** | **DETAILS OF THE APPLICANT’S ESTATE OR EQUITABLE INTEREST IN THE SITE** |
| Please provide proof of estate or equitable interest: | |

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| **E** | **NAME AND BUSINESS CONTACT DETAILS OF ANY OTHER PERSON(S) WITH A LEGAL ESTATE OR EQUITABLE INTEREST IN THE SITE** |
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| **F** | **DETAILS OF ANY OTHER SITE LICENCES HELD AND/OR MANAGED BY THE APPLICANT (Please use an additional page if necessary)** | | |
| **Site Name** | | **Licensing Authority Name** | **Licence Number** |
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| **G** | **DETAILS OF ANY OTHER SITES WHERE YOU HAVE AN INTEREST (Please use an additional page if necessary)** | | |
| **Site Name** | | **Licensing Authority Name** | **Licence Number** |
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| **H** | **CONFIRMATION THE APPLICANT IS THE OCCUPIER OF THE SITE** | |
| Is the applicant the occupier of the site, as defined in Section 1 of the Caravan Sites and Control and Development Act, 1960 (as amended)?  ‘Occupier’ means, in relation to any land, the person who, by virtue of an estate or interest therein held by him, is entitled to possession thereof or would be so entitled but for the rights of any other person under any licence granted in respect of the land.  Provided that where land amounting to not more than four hundred square yards in area is let under a tenancy entered into with a view to the use of the land as a caravan site, the expression ‘occupier’ means in relation to that land the person who would be entitled to possession of the land but for the rights of any person under that tenancy. | | YES/NO |

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| **I** | **TO WHOM DOES THIS APPLICATION FOR INCLUSION ON THE REGISTER RELATE?** | |
| The Applicant (continue to section K) | |  |
| An appointed manager (complete section J) | |  |

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| **J** | **APPOINTED MANAGER DETAILS** | | |
| First Name(s): | |  |  |
| Surname: | |  | Title: |
| Correspondence Address:  Postcode: | |  |  |
| Telephone (office) | | Telephone (mobile): |  |
| Email address: | |  |  |
| Role in managing site: | |  |  |

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| **K** | **EVIDENCE OF ABILITY TO SECURE THE PROPER MANAGEMENT OF THE SITE (The following information must be included with this application.)** |
| 1 | Details of the applicant(s) or proposed manager’s experience and competency in managing caravan sites |
| 2 | Details of the management structure and funding arrangements for the site or proposed management structure and funding arrangements for the site |

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| **L** | **ADDITIONAL INFORMATION IN RELATION TO THE APPLICANT (AS AN INDIVIDUAL) OR SITE MANAGER.** | |
| 1 | Have you committed any offence involving fraud or other dishonesty, violence, arson or drugs or listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements)? | YES/NO |
| 2 | Have you contravened any provision of the law relating to housing, caravan sites, mobile homes, public health, planning or environmental health or of landlord and tenant law? | YES/NO |
| 3 | Have you contravened any provision of the Equality Act 2010 in, or in connection with, the carrying on of any business? | YES/NO |
| 4 | Have you harassed any person in, or in connection with, the carrying on of any business? | YES/NO |
| 5 | Are you, or have you been within the past 10 years, personally insolvent? | YES/NO |
| 6 | Are you, or have you been within the past 10 years, disqualified from acting as a company director? | YES/NO |
| 7 | Have you the right to work in the United Kingdom? | YES/NO |
| 8 | Are you a member of any redress scheme for dealing with complaints in connection with the management of the site? **(If yes, please provide details on a separate page.)** | YES/NO |
| 9 | Have you had an application to be included in a fit and proper person register rejected by another Local Authority? (**If yes, details of the reasons for rejection must be provided.)** | YES/NO |
| 10 | Do you have applications to be included in a fit and proper person register awaiting a result from another Local Authority? **(If yes please provide details on a separate page.)** | YES/NO |

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| **M** | **ADDITIONAL INFORMATION IN RELATION TO THE RESPONSIBLE PERSON (THE PERSON TO WHOM THE SITE MANAGER REPORTS)** | |
| 1 | Have you committed any offence involving fraud or other dishonesty, violence, arson or drugs or listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements)? | YES/NO |
| 2 | Have you contravened any provision of the law relating to housing, caravan sites, mobile homes, public health, planning or environmental health or of landlord and tenant law? | YES/NO |
| 3 | Have you contravened any provision of the Equality Act 2010 in, or in connection with, the carrying on of any business? | YES/NO |
| 4 | Have you harassed any person in, or in connection with, the carrying on of any business? | YES/NO |
| 5 | Are you, or have you been within the past 10 years, personally insolvent? | YES/NO |
| 6 | Are you, or have you been within the past 10 years, disqualified from acting as a company director? | YES/NO |
| 7 | Have you the right to work in the United Kingdom? | YES/NO |
| 8 | Are you a member of any redress scheme for dealing with complaints in connection with the management of the site? **(If yes, please provide details on a separate page.)** | YES/NO |
| 9 | Have you had an application to be included in a fit and proper person register rejected by another Local Authority? (**If yes, details of the reasons for rejection must be provided.)** | YES/NO |
| 10 | Do you have applications to be included in a fit and proper person register awaiting a result from another Local Authority? **(If yes, please provide details on a separate page.)** | YES/NO |

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| **N** | **CRIMINAL RECORD CERTIFICATE** |
| This must be a criminal record certificate issued under section 113A(1) of the Police Act 1997([**1**](https://www.legislation.gov.uk/uksi/2020/1034/schedule/2/made#f00008)) no more than six months before the date of the application in respect of:  (a) where the relevant person is an individual, the relevant person; and  (b) each individual in relation to whom the applicant is required to provide information under paragraph 10(2) or (5), 11 or 12. | |

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| **O** | **DECLARATIONS (This section must be completed by the applicant.)** |
| I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material.  If this application is made by the applicant who is not the relevant person, I have made all reasonable enquiries into the matters mentioned in paragraph 9 and Schedule 3 of the regulations relating to the relevant person and the information provided in the application is correct and complete to the best of the applicant’s knowledge and belief. | |
| **Full Name (please print):** | |
| **Signature:** | |
| **Capacity:** | |
| **Date:** | |

A decision will be made on the application as soon as reasonably practicable after an application is made under Regulation 6.

An application must include a fully completed application form, supporting information and payment of the relevant fee.

**CHECKLIST** Please tick or indicate not applicable

Enclosures;

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| * original copy of the DBS certificate for the person to go on the register (issued within six months of application) |  |
| * correct payment of the application fee, or date paid |  |
| * Proof of estate or equitable interest |  |
| * a copy of the management structure and details of funding arrangements for the site |  |

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| **PRIVACY NOTICE**  In order to satisfy our duties under theThe Mobile Homes (Requirement for Managers of Site to be Fit and Proper Person) (England) Regulations 2020we (Woking Borough Council) need to collect your personal data. We will use your personal data to register a Fit and Proper Person for the site and, if necessary, to enforce the conditions of the registration. We will not use it for any other purposes unless the law allows us to do so. If you do not provide your personal data we might not be able to register the person.  In order to fulfil our statutory duties, the name of the person registered and business address will be displayed on a public register. The entirety of the personal data you are providing will be accessible by Idox Software, who provide the software on which personal data relating to Environmental Health is stored. It will not be shared with any other organisations unless the law allows us to do so.  We will hold your personal data for no longer than 13 years after the registration expires, is suspended or is revoked. You can ask us to access or to rectify the personal data we have about you by contacting us.]. |

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| **FEES AND CHARGES** | |
| Application Fee | **£335** |

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| **PAYMENT METHODS** | |
| Telephone:  To pay over the telephone with a credit or debit card, dial 01483 743840 | Payment Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| By BACS  Payments through the BACS system should be made to Lloyds TSB Bank Plc, 30-00-00 for the credit of Woking Borough Council, Head Office Collection Account 03393755.  Please quote the name of the Mobile Home Park /EH as your payment reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please return your completed form with the relevant supporting documents to:  Environmental Health  Woking Borough Council  Civic Offices  Gloucester Square  Woking  GU21 6YL  Or email to [environmental.health@woking.gov.uk](mailto:environmental.health@woking.gov.uk) | |
| **FOR OFFICE USE ONLY: All application fee payments to be allocated to CEBBKN240** | |