

<p>Fill in this part A if you are applying for a new permit, applying to change or surrender an existing permit, or want to transfer an existing permit to yourself.</p> <p>Please check that this is the latest version of the form available from our website.</p> <p>Please read through this form and the guidance notes that come with it. All relevant guidance documents can be found on our website.</p> <p>Where you see the term 'document reference' on the form,</p>	<p>give the document references and send the documents with the application form when you've completed it.</p> <p>Contents</p> <p>1 About you</p> <p>2 Applications from individuals</p> <p>3 Applications from organisations of individuals</p> <p>4 Applications from public bodies</p> <p>5 Applications from a registered company or other corporate body</p> <p>6 Your address</p> <p>7 Contact details</p>
---	---

1 About you

Are you applying as an individual, an organisation of individuals (for example, a partnership), a company (this includes Limited Liability Partnerships) or a public body?

- | | | |
|---|-------------------------------------|-----------------|
| An individual | <input type="checkbox"/> | Go to section 2 |
| An organisation of individuals (for example, a partnership) | <input checked="" type="checkbox"/> | Go to section 3 |
| A public body (such as a local council) | <input type="checkbox"/> | Go to section 4 |
| A registered company or other corporate body | <input type="checkbox"/> | Go to section 5 |

2 Applications from individuals

2a Please give us the following details

Title	<input type="text"/>	
First name	<input type="text"/>	
Last name	<input type="text"/>	Go to section 6

3 Applications from organisations of individuals

3a Organisation details

Organisation name	<input type="text" value="D.I. DAVIES & CO."/>
Type of organisation	<input type="text" value="PARTNERSHIP."/>
If 'Other', please specify	<input type="text"/>

3b Main representative's details

Title	<input type="text" value="MR"/>
First name	<input type="text" value="ANDREW"/>

Last name

DAVIES.

3c Second representative's details:

Title

First name

Last name

3d Other representative's details

If relevant, please provide details of all other representatives on a separate sheet and tick here to show that you have done so.

☐

Go to section 6

4 Applications from public bodies

4a Public body details

Public body name

Type of public body

If 'Other', please specify

4b Executive officer's details

The executive is an officer of the public body authorised to sign on your behalf.

Title

First name

Last name

Position

Go to section 6

5 Applications from a registered company or other corporate body

5a Company details

Company name

Company registration number

Date of registration

If you are applying as a corporate organisation that is now a limited company, please provide evidence of your status and tell us the reference number you have given this document with this evidence.

Document reference

Go to section 6

6 Your address

6a Your main (registered office) address

For companies this *must* be the address on record at Companies House.

Address

RHYDYWERNEN FARM

BRECON.

Powys.

LD3 8EH
07836 268986.
01874 624494.
didaviesandco@gmail.com.

If you are applying as an organisation of individuals, every partner needs to give us their details, including their title. If necessary, continue on a separate sheet and tell us the reference you have given the sheet.

Document reference

6b UK business address *only* if different from above

Address

Postcode

Telephone - mobile

Telephone - office

Email address

Go to section 7

7 Contact details

7a Who can we talk to about your application?

This can be someone acting as a consultant or 'agent' for you.

Title

First name

Last name

Address

MR

ANDREW

DAVIES

RHYDYWERNEN FARM

BRECON

POWYS

Postcode

LD3 8EH

Telephone - mobile

07 836 268 986

Telephone - office

01874 624494

Email address

didaviesandco@gmail.com

7b Who can we talk to about your operation?

Same as the application contact in 7a

☒

Title

First name

Last name

Address

Postcode

Telephone - mobile

Telephone - office

Email address

7c Who can we talk to about your billing or invoice?

Same as the application contact in 7a

☒

Same as the operation contact in 7b

☐

Title

First name

Last name

Address

Postcode

Telephone - mobile

Telephone - office

Email address

