



Part A – About you

20 MAY 2019

Cardiff

<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> <ul style="list-style-type: none"> 1 About you 2 Applications from individuals 3 Applications from organisations of individuals 4 Applications from public bodies 5 Applications from a registered company or other corporate body 6 Your address 7 Contact details
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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. P. ECKLEY + SON"/>
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="TOBY"/>

Last name

ECKLEY

3c Second representative's details:

Title

MR

First name

DEREK

Last name

ECKLEY

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

THE DDERW

LLYSWEN

	BRECON
	POWYS
Postcode	LD3 0UT
Telephone - mobile	07824 704561
Telephone - office	01874 754224
Email address	TOBYECKLEY @ 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	
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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	MR
First name	TOBY
Last name	ECKLEY
Address	THE DDERW
	LYSWEN
	BRECON

	POWYS
Postcode	LD3 0UT
Telephone - mobile	07824 704561
Telephone - office	01874 754224
Email address	TOBYECKLEY@GMAIL.COM

7b Who can we talk to about your operation?

Same as the application contact in 7a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Same as the operation contact in 7b	<input type="checkbox"/>
Title	
First name	
Last name	
Address	

Postcode

Telephone - mobile

Telephone - office

Email address
