

Application for Workshop Unit – Unit 8

Completing this form

The information you give in this form allows the Council to assess your application and the suitability of your proposals in line with the Council's Workshop Estates Letting Policy. It is important that you give as much information as possible and answer all the sections that apply to you and provide copies of the documents requested. Once you have completed this form you must sign and date it before you submit it to us.

Confidentiality

The information you provide is confidential and subject to the requirements of the Data Protection Act 1998. The personal data will be held and processed by East Riding of Yorkshire Council for the purpose of assessing your application.

Processing Applications

In order to consider your request to lease a workshop unit the Council may make credit checks and check Council records. By submitting an application you are giving the Council consent to carry out such checks if it considers that they are necessary.

Details of Applicant

1. Name and Address:

- *include company number and registered office address, if appropriate.*
- *include names and addresses of all partners/directors.*
- *Prospective tenants must provide the Council with proof of their residence; **a recent utility bill should be submitted with your application.** Failure to provide this information will delay the processing of your application.*

2. Status *(delete as required)*:

- (i) company *(a guarantor may be required, please complete point 4)*
- (ii) partnership
- (iii) sole trader

3. Telephone number and email address:

4. Name and Address of guarantor *(if applicable)*:

5. Nature of business:

6. New/established business *(delete as appropriate)*.

7. If you have been in business previously please give details, e.g trading name and address:

8. Current number of employees:

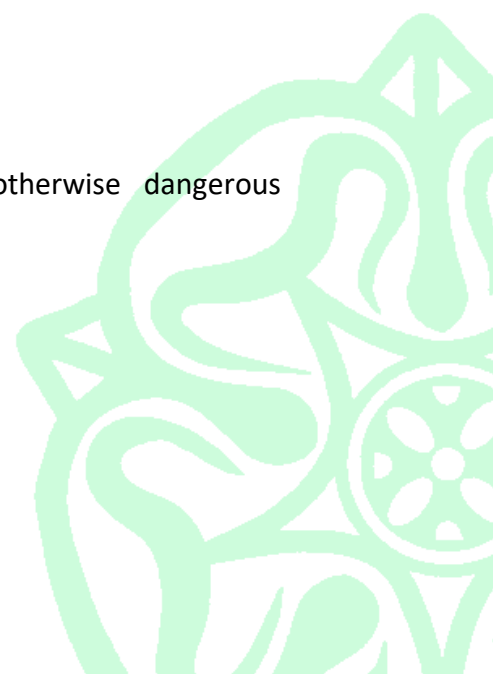
9. Bank details: *(for referencing purposes)*
 - (i) name and address of bank
 - (ii) name of account holder
 - (iii) account number

10. Details of activities to be carried out within the workshop unit:
Please confirm:
 - (i) the activities/processes that would take place:

 - (ii) the machinery/equipment that would be used:

 - (iii) any noxious, toxic, inflammable, explosive or otherwise dangerous substances that would be used/stored.

 - (iv) what goods are to be stored in the unit



11. Number of persons to be employed in the workshop/workspace unit:

Full-time –

Part-time –

12. Date that possession of the workshop unit is required:

Notes on Application:

It is the applicant's responsibility to ensure that the unit is suitable for the proposed use and to secure any necessary planning consent.

All mains services are available on this industrial estate although you are strongly advised to make early contact with service providers to determine that the supplies required are available or can be made available to meet your specific needs.

Please note that the workshops are managed for the purposes of employment generation. Requests to use the workshops for storage purposes alone will only be agreed to in exceptional cases.

Please note that the rent must be paid by monthly direct debit

This application form does not constitute any part of an offer or contract.

Name of Applicant _____

Signature _____

Date _____

Completed applications to be returned to:-

Geordie Barnett
Assistant Valuation & Estates Surveyor

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County Hall
Beverley
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