

12 JUL 2019

Passed To:

Received:

The Mobile Homes Act 2013 section 8 Requirement for Manger of site to be fit and proper person

Mobile Home Site Licence Scheme

APPLICATION FORM

(Park Name THE FORGE MOBIL HOME PARK)
(Park Operator SOHN THORPE THE FORGE RESIDENTIAL
PARK LMT)

This is the application form to apply for a Licence to operate a Mobile Home Park within the Cheltenham Borough

The procedures required to issue a Mobile Homes Licence are fairly lengthy but we have tried to make the application as easy to understand as possible. If you do not understand how to answer a question you can seek advice from your Council. Contact details are given on the reverse of this form.

The cost of the New Licence is be determined with in our Mobile Homes Fee policy published at www.cheltenham.gov.uk/mobilehomes.gov.uk

If an applicant fails to submit a full valid application including all of the relevant and correct documentation required for their Licence application, additional costs will be charged based on an hourly rate reflecting the actual costs incurred by that authority.

NOTE: Please complete in block capitals using blue or black ink.

DATA PROTECTION

You are required to provide the information asked for in this form for the following purposes:

1. To identify the persons involved in the management of the site licence and to facilitate legal proceedings in the event of any offence connected with the licensing of the mobile home park.
2. To obtain information needed to assess the fitness and competence of the persons involved in the management of the mobile home park.
3. To link persons involved in the management of the mobile home park.
4. To obtain information concerning the suitability of the individual to hold a license of a mobile home park..

This Information may also need to be shared to the extent that it may need to be verified with other agencies, such as the police and other government agencies.

Some of the information you provide will be entered into a public register.

The information may also be used for research, analysis and statistical purposes and to contact you regarding other issues relevant to mobile homes .

Part 1 Application for Mobile Home Licence

ADDRESS OF PARK TO BE LICENSED:

Address: THE FORGE BRANCH ROAD THE REDDINGS Post code GL51 6RH

THE INTENDED LICENCE HOLDER MUST COMPLETE THIS PART OF THE FORM.

The first thing to establish is who will hold the Licence.
The persons likely to be involved in making an application are:

1. The Owner of the land.
2. An Agent for the Owner (e.g. a firm of letting agents or Registered Company).
3. The Manager of the mobile home park.

Details must be provided of any persons involved in ownership, managing or running the park.

The Local Authority has a duty to award the licence to the person it thinks is the most appropriate person to be the Licence Holder. Unless you can provide a good reason why someone else should be the Licence Holder, the Council will expect the Licence Holder to be the owner, but in any event, the Council will expect the Licence Holder to have the power to:-

- (a) let to and evict leasehold.
- (b) access all parts of the park in lieu of adequate notice (24 hours) to the same extent as the owner.
- (c) authorise expenditure of the yearly income of the park for repairs etc.

| | | | |
|----------------------|-----------------------------|----------|-------------|
| APPLICANTS FULL NAME | JOHN ANDREW LEONARD THORPE | | |
| ADDRESS | BUTTERCOATS TEWKESBURY ROAD | | |
| | NORTON | | |
| | GLOUCESTER | | |
| POST CODE | GL2 9LG | TEL. No. | 07860173471 |
| EMAIL ADDRESS | HARRIETHORPE12@GMAIL.COM | FAX. No. | |

I am:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

The property will be managed by:

- The Owner Complete parts 1 and 2
- A Manager or Agent Complete parts 1, 2 and 3

Have you already applied for a Mobile Home Licence with this Authority? Yes No

Details of licences already held

I hereby give notice that I am the Licence Holder of the following parks in relation to the Mobile Homes Act 2013. (If none please state such). Give details of all licences including those outside Gloucestershire.

| <u>Address (including post code)</u> | <u>Local Authority</u> | <u>Date of Licence</u> |
|---|-------------------------------|-------------------------------|
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| N/A | | |
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Continue on a separate sheet if necessary.

Information about the park to which this application relates

| | | |
|----|---|--|
| 1 | What type of Park does this application relate to? <i>RESIDENTIAL PARK</i> | <input checked="" type="checkbox"/> Protected site <input type="checkbox"/> Non protected Site |
| 2 | State how many caravans are situated on the park at the date of application? | <i>17 UNITS</i> |
| 3 | State the approx. hectareage of the park | <i>0.65 PP LAD</i> |
| 4 | State approximately when the Park first became a Licenced Mobile Home Park. | <i>DONT KNOW</i> |
| 5 | Have you ever been refused a Mobile Home Park License before | <i>NO</i> |
| 6 | Does the park have access to a mains gas supply? | <i>YES</i> |
| 7 | Provide dates of the current electrical certification | <i>4/6/19</i> |
| 8 | Have you had an IEE inspection report carried out by a competent person in the last 5 years indicating the state of the electrical installation and appliances? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Site installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Site appliances <small>If Yes, you must enclose an original certificate of inspection.</small> |
| 9 | Provide details of IEE approve contractors registration | <i>0609251</i> |
| 10 | . Please confirm that you have the authority; (a) To let and evict tenants. (b) To authorise expenditure of the yearly income in urgent situations. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 11 | Are the Police or Environmental Health Dept currently investigating allegations of anti-social behaviour arising at any of your managed parks? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 12 | If Yes, please give details. | <hr/> |
| 13 | Provide details of the arrangements that are in place for dealing with requests and complaints from residents including responding to emergencies. (Continue on a separate sheet if necessary) | <i>MY CONTACT DETAILS ARE AVAILY WITHIN THE SITE NOTICE BOARD</i> |
| | Does the park currently have a residents association | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 14 | Is yes please provide contact details | <hr/> |

DECLARATIONS

"You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are-

- Any mortgagee of the park to be licensed
- Any owner of the park to which the application relate (if that is not you) i.e. the freeholder and any head lessors who are known to you
- The Chair or Secretary of any lawfully recognised Residence Associations within the park,
- The proposed licence holder (if that is not you)
- The proposed managing agent (if any) (if that is not you)
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons-

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address of fax number (if any) of the proposed licence holder (if it will not be you)
- The address of the park to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted"

I declare that I have served a notice of the application on the following persons who are the only persons known to me that are required to be informed that I have made this application. (If none please state such.)

| <u>Name</u> | <u>Address</u> | <u>Description of Interest</u> | <u>Date of Service</u> |
|---------------|----------------|--------------------------------|------------------------|
| HSBC | | MORTGAGEE | |
| THE RESIDENTS | | LEASEHOLDER | |
| | | | |
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I enclose: (Please tick ✓ and enter details where applicable)

- Duly completed part 2 (owner); or,
- Duly completed part 3 (manager); or,
- Site Plans of the property (suitably scaled, showing the layout/numbers of the site, fire points (if applicable) and amenities provided)
- The Application Fee of £~~416~~⁴¹⁶⁻⁷² in the form of a cheque made payable to the relevant Local Authority.

Note: further fees may be payable in the case of incomplete, invalid or incorrect applications.

- The Application Fee of £75 in the form of a cheque made payable to the relevant Local Authority.
- An original Certificate showing that the gas installation and appliances have been inspected by a Gas Safe registered Inspector in the 12 months prior to this application (if applicable).

Certificate number ... N/A

- An original Certificate showing that the electrical installation and appliances have been inspected by a competent person in the 3 years prior to this application.

Certificate number ... D.P.M.4/

- An original Certificate showing that the fire risk assessment has been conducted by a competent person in the 12 months prior to this application.

Certificate number ... 216946

Note: You will not be considered to have made a valid application unless all of the original documents listed above have been received and are in good order. All original documents will be returned to you.

I declare that all site electrical installations, street lighting, roadways and markings, carparks, site boundaries and any site furniture provided for the use of residents on the park are in good safe working order and comply with all relevant safety legislation.

I declare that the information contained in this application is correct to the best of my knowledge and belief. I understand that I commit an offence if I supply any information to a local housing authority in connection with any of their functions under any of Parts of the Mobile Homes Act 2013 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.

I understand that the Council may need to carry out investigations to assess whether I am a "fit and proper" person for the purposes of section 8 of the Mobile Homes Act 2013. I hereby authorise the Council to make such enquiries and share information as it sees proper. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

Signed: J Thorpe Print Name: J THORPE
Licence Applicant

Date 10/7/19

**Please submit your completed form to
Paul Barnett at Cheltenham Borough
Council, Municipal Offices, Promenade,
Cheltenham GL50 1PP tel. 01242 264221**

You need only fill in this part of the form in once, no matter how many parks you own within Cheltenham Borough. This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different (for example, if there is a different co-owner), you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for a mobile home site licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

~~I hereby certify that I am the owner of the property to which this application relates and that the information contained in the part 2 form submitted in an application in relation to my park named below remains true and correct.~~

Address:post code.....

Local Authority to whom application was made: ~~...Cheltenham Borough Council...~~

Signature: Print Name:.....

Local Authority Owners Ref. No: ...Licence No.... Date:.....

Proceed to part 3

OWNERS DETAILS:

In the case of a limited company or partnership, state the full name and registered office of the company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected ownership section on page 14.

In the case of individuals with co-ownership, please give one name and details below and the remainder in the connected ownership section on page 14. (In most cases the first named owner will be the Licence Holder and applicant).

If you act as Trustee, please give your details below adding "as Trustee" to your name and give ownership details in the connected ownership section on page 14.

If you are a leaseholder, give your own name below and detail all superior Landlords or Freeholders in the connected ownership section on page 14.

| | | | |
|--|--------------------------------------|--------------------------------|--|
| FULL NAME | THE FORGE RESIDENTIAL PARK LIMITED | | |
| ADDRESS | TENNYSON HOUSE | | |
| | CAMBRIDGE BUSINESS PARK | | |
| | COWLEY ROAD | | |
| | CAMBRIDGE | | |
| POST CODE | CB4 0WZ | TEL. No. | |
| EMAIL ADDRESS | | FAX. No. | |
| Date of Birth (not for Companies) | | | |
| National Insurance No. or Company House Registration Number. | | 10695083 | |
| <input checked="" type="checkbox"/> Freeholder | <input type="checkbox"/> Leaseholder | <input type="checkbox"/> Other | |

FRECHOLDER

| | |
|---------------------------|-----|
| If Property is Leasehold | |
| Give Length of Lease | N/A |
| Length of Lease remaining | |

Have you, (please tick ✓)

| | |
|---|--|
| (a) Committed any offence or received a caution, informal reprimand or formal warning involving: Fraud or dishonesty (including benefit fraud) Violence Drugs Matters listed in Sched.3 to the Sexual Offences Act 2003 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (c) Currently in breach of any conditions of current a mobile home licence. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (d) Been subject to a mobile home licence Control Order or Management Order | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (f) Been prosecuted for breach of the mobile home site licence attached conditions. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (g) Been prosecuted for breach of Landlord and Tenant legislation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (h) Acted in contravention of any relevant Approved Code of Practice relating to the management of mobile home licence | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (i) Been declared Bankrupt | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| (j) Been refused a mobile home licence | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

N/A

JT

Please give details of any qualifications you have, relevant to your responsibilities as Owner.

| Date Awarded | Qualification | Name of Awarding Body |
|--------------|---------------|-----------------------|
| | | |

Please give details of your Membership of any professional organizations, relevant to your responsibilities as Owner.

| Date Commenced | Nature of Membership | Organisation |
|----------------|----------------------|--------------|
| | | |

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a "fit and proper" person for the purposes of section 8 of the Mobile Homes Act 2013. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Owners Signature: S Thorpe Date: 10/7/19
 Print Name: S THORPE

Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining an mobile homes licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other Mobile Homes Licences with which you have any connection.

Owner Details – Connected Ownership

1.

| | | | |
|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

2.

| | | | |
|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

3.

| | | | |
|---------------------------|-----------|-------------|--|
| FULL NAME | N/A ST | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

4.

| | | | |
|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

Continue on a separate sheet if necessary

Part 3 MANAGER Details

You need only fill in this part of the form in once, no matter how many parks you manage within Gloucestershire. This is, however, conditional on the details remaining the same for each application in which case you need only complete the box below. If any details are different, you must fill in and submit a new form with your application. Should you, or your Agent, make future applications for a mobile homes licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, **you should keep a copy of this form when you have completed it.**

~~I hereby certify that I am the manager of the park to which this application relates and that the information contained in the part 3 form submitted in an application in relation to the property named below remains true and correct.~~

Address:post code

~~Local Authority to whom application was made:~~

~~Signature: Print Name:~~

~~Local Authority Managers Ref. No: Date:~~

MANAGERS DETAILS:

In the case of a limited Company or partnership, state the full name and registered office of the Company or partnership. In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of other partners in the connected persons section on page 18.

If you sign this form as a Partnership or Company, you must ensure that any persons to whom you delegate management duties are fit and proper persons for the purposes of their duties. Any failure in management duties or responsibilities by such persons may result in you losing your acceptability to manage a mobile home park and may lead to any or all Licences for mobile home parks which you manage, being withdrawn.

N/A
JT

| | | | |
|--|--|----------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. No. | |
| EMAIL ADDRESS | | FAX. No. | |
| Date of Birth (not for Companies) | | | |
| National Insurance No. or Company House Registration Number. | | | |

Have you or any person who will be involved in the management of the property, (please tick ✓)

| | |
|--|---|
| <p>(a) Committed any offence or received a caution, informal reprimand or formal warning involving:</p> <p>Fraud or dishonesty (including benefit fraud)</p> <p>Violence</p> <p>Drugs</p> <p>Matters listed in Sched.3 to the Sexual Offences Act 2003</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(b) Practise unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(c) Currently in breach of any conditions of current a mobile home licence.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(d) Been subject to a mobile home licence Control Order or Management Order</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(e) Failed to comply with a Housing Notice (requiring works etc.) served by a Local Authority in the UK.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(f) Been prosecuted for breach of the mobile home site Licence attached conditions.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(g) Been prosecuted for breach of Landlord and Tenant legislation</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of a mobile home park</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(i) Been declared Bankrupt</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>(j) Been refused a mobile home licence</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

If you answered Yes to any of the above questions, please give details below including dates. Continue on a separate sheet if necessary.

N/A
ST

| Please give details of any qualifications you have, relevant to your responsibilities as manager. | | |
|---|---------------|-----------------------|
| Date Awarded | Qualification | Name of Awarding Body |
| | | |

| Please give details of your Membership of any professional organizations, relevant to your responsibilities as manager. | | |
|---|----------------------|--------------|
| Date Commenced | Nature of Membership | Organisation |
| | | |

I certify that to the best of my knowledge and belief, the information given by me is true and correct. I understand that the Council may need to carry out investigations to assess whether I am a “fit and proper” person for the purposes of section 8 of the Mobile Homes Act 2013. I hereby authorise the Council to make such enquiries and share information as it sees proper in connection with this application. Such enquiries may include additional Criminal Records Bureau checks.

Managers Signature:..... Date:

Print Name:

Please Note that it is a criminal offence to knowingly supply information, which is false or misleading for the purpose of obtaining a mobile homes Licence. Evidence to substantiate any statements made in this application may be required at a later date. If the Council subsequently become aware of something which is relevant and which you should have disclosed or which is incorrectly stated or described, the Licence may be cancelled or other action taken. This may affect other mobile homes licences with which you have any connection.

Manager – Connected Persons – Operational Employees

1.

| | | | |
|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

2.

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|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

3.

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|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

N/A
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4.

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|---------------------------|--|-------------|--|
| FULL NAME | | | |
| ADDRESS | | | |
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| | | | |
| POST CODE | | TEL. NUMBER | |
| EMAIL ADDRESS | | FAX. NUMBER | |
| Date of Birth | | | |
| National Insurance Number | | | |
| Relationship | | | |

Continue on a separate sheet if necessary