

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

**Mobile Home Site Licence Scheme**

**APPLICATION FORM**

**(Park Name .....**)

**(Park Operator .....**)

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](http://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.**

**GENERAL DATA PROTECTION REGULATION (GDPR)**

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..

Information may 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.

Your personal information will be stored, and when necessary deleted, safely and securely in line with GDPR regulations.

# Part 1 Application for Mobile Home Licence

ADDRESS OF PARK TO BE LICENSED:

Address: ..... Post code: .....

## 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			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS	.		

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



## Information about the park to which this application relates

1	What type of Park does this application relate to?	<input 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?	
3	State the approx. hectareage of the park	
4	State approximately when the Park first became a Licenced Mobile Home Park.	
5	Have you ever been refused a Mobile Home Park Licence before?	
6	Does the park have access to a mains gas supply?	
7	Provide dates of the current electrical certification	
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 type="checkbox"/> No <input type="checkbox"/> Site installation Yes <input type="checkbox"/> No <input type="checkbox"/> Site appliances  If Yes, you must enclose an original certificate of inspection.
9	Provide details of IEE approve contractors registration	
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 type="checkbox"/> No <input type="checkbox"/>  Yes <input 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 type="checkbox"/>
12	If Yes, please give details.	
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)	
	Does the park currently have a residents association	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Is yes please provide contact details	



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 £..... 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 .....

- 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 .....

- 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 .....

**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, car parks, 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:..... Print Name: .....  
Licence Applicant

Date .....

# Part 2 OWNER'S DETAILS

You need only fill in this part of the form 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.**

<p><b>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.</b></p>	
<p>Address: .....post code .....</p>	
<p><b>Local Authority to whom application was made:...Cheltenham Borough Council...</b></p>	
<p><b>Signature:</b> ..... <b>Print Name:</b>.....</p>	
<p><b>Local Authority Owners Ref. No:</b> .....</p>	<p><b>Date:</b>.....</p>
<p><b>Proceed to part 3</b></p>	

## 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 10.

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 10. (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 10.

If you are a leaseholder, give your own name below and detail all superior Landlords or Freeholders in the connected ownership section on page 10.

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS			
Date of Birth (not for Companies)			
National Insurance No. Or Company House Registration Number			
<input type="checkbox"/> Freeholder	<input type="checkbox"/> Leaseholder	<input type="checkbox"/> Other	

If Property is Leasehold	
Give Length of Lease	
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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
(c) Currently in breach of any conditions of current mobile home licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a mobile home licence Control Order or Management Order	Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
(f) Been prosecuted for breach of the mobile home site licence attached conditions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a mobile home licence	Yes <input type="checkbox"/> No <input 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.

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:..... 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.**

# Owner Details – Connected Ownership

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

Continue on a separate sheet if necessary

# Part 3 MANAGER Details

You need only fill in this part of the form 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.**

<p><b>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.</b></p> <p>Address: .....post code .....</p> <p><b>Local Authority to whom application was made:</b>.....</p> <p><b>Signature:</b> ..... <b>Print Name:</b>.....</p> <p style="text-align: center;"><b>Local Authority Owners Ref. No:</b> ..... <b>Date:</b>.....</p> <p style="text-align: right;"><b>Proceed to part 3</b></p>	
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## 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 14.

**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.**

FULL NAME			
ADDRESS			
POST CODE		TEL. No.	
EMAIL ADDRESS			
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):

(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Currently in breach of any conditions of a current mobile home licence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Been subject to a mobile home licence Control Order or Management Order	Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
(f) Been prosecuted for breach of the mobile home site Licence attached conditions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Been prosecuted for breach of Landlord and Tenant legislation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Acted in contravention of any relevant Approved Code of Practice relating to the management of mobile home park	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Been declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Been refused a mobile home licence	Yes <input type="checkbox"/> No <input 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.

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: .....

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# Manager – Connected Persons – Operational Employees

1.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

2.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

3.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

4.

FULL NAME			
ADDRESS			
POST CODE		TEL. NUMBER	
EMAIL ADDRESS			
Date of Birth			
Relationship			

Continue on a separate sheet if necessary

**Please submit your form to:**

[enforcement@cheltenham.gov.uk](mailto:enforcement@cheltenham.gov.uk)

Enforcement Division  
Cheltenham Borough Council  
Municipal Offices  
Promenade  
Cheltenham  
GL50 9SA

Tel: 01242 264119

[www.cheltenham.gov.uk](http://www.cheltenham.gov.uk)