

Maritime Service Abermaw Beach Concession Application Form	
PART 1 : APPLICANT'S DETAILS	
Name of Applicant: <input style="width: 100%;" type="text"/> Name of Business: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> Post code: <input style="width: 100%;" type="text"/> Telephone Number: <input style="width: 100%;" type="text"/> Mobile: <input style="width: 100%;" type="text"/> Email: <input style="width: 100%;" type="text"/> Web address (if applicable): <input style="width: 100%;" type="text"/>	Date of Application: <input style="width: 100%;" type="text"/> Type of Business: <input style="width: 100%;" type="text"/> Name of site / location applied for: <input style="width: 100%;" type="text"/> Operating Dates: <input style="width: 100%;" type="text"/> Operating Times: <input style="width: 100%;" type="text"/> Please attach a Location Plan of proposed area <input style="width: 100%;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>
OVERALL PART 1 SCORE <input style="width: 100%;" type="text"/>	
PART 2 : OPERATIONAL DETAILS OF PROPOSED ACTIVITY	
Business Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Assessment: <input style="width: 100%;" type="text"/>	
Management Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Assessment: <input style="width: 100%;" type="text"/>	
Risk Assessment: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Assessment: <input style="width: 100%;" type="text"/>	
Temporary Structures / Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(e.g. marquee, gazebos, stage, etc)</small> Assessment: <input style="width: 100%;" type="text"/> Details: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Please ensure all structures/equipment are included in your location plan or risk assessments	
Vehicles / Trailers: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number of vehicles / trailers at the site: <input style="width: 100%;" type="text"/> Details of vehicles / trailers used: <input style="width: 100%; height: 20px;" type="text"/> <small>(type, make, model, reg numbers etc)</small> Assessment: <input style="width: 100%;" type="text"/>	
Advertising Board / Promotional Material positioned or distributed at the site?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: <input style="width: 100%; height: 20px;" type="text"/> <small>(e.g. type, numbers, size, location etc)</small> Please Note: All advertising boards and promotional material must be bilingual Assessment: <input style="width: 100%;" type="text"/>	
Any other equipment used on the site: <input style="width: 100%; height: 20px;" type="text"/> <small>(e.g. generators, PA system etc)</small> Details: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/> Have any of the equipment got valid safety inspection certificates? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Please provide details: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/> Waste / Litter: <input style="width: 100%; height: 20px;" type="text"/> How do you plan to manage litter and waste generated by your business / activity? <input style="width: 100%; height: 20px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
OVERALL PART 2 SCORE <input style="width: 100%;" type="text"/>	
PART 3 : SAFETY & SAFEGUARDING MEASURES	
Current DBS check (formerly CRB disclosure) Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Assessment: <input style="width: 100%;" type="text"/>	
Liability Insurance (mandatory): Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Insurance Company: <input style="width: 100%;" type="text"/> Limit of Indemnity: <input style="width: 100%;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
Safety Equipment: <input style="width: 100%; height: 20px;" type="text"/> <small>(e.g. first aid provision, fire extinguishers etc)</small> Details: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
Have any of the equipment got valid safety inspection certificates? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(copy enclosed)</small> Please provide details: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
OVERALL PART 3 SCORE <input style="width: 100%;" type="text"/>	
PART 4 : ECONOMIC / AMENITY VALUE	
4.1 Please provide details of the economic / amenity / tourism opportunities resulting from your proposal <input style="width: 100%; height: 40px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
4.2 Please demonstrate how your proposal offer amenities additional to those provided by business in the town centre <input style="width: 100%; height: 40px;" type="text"/> Assessment: <input style="width: 100%;" type="text"/>	
OVERALL PART 4 SCORE <input style="width: 100%;" type="text"/>	
PART 5 : FINANCIAL OFFER	
FINANCIAL OFFER : <input style="width: 100%;" type="text"/> Score: <input style="width: 100%;" type="text"/>	
Signature of Applicant: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/>	