

L.C.V.S. Enterprises Ltd
Application for Workshop/Unit at Aire Street or Dock Street Workshops

Date of application_____

FULL NAME OF PERSON(S) WHO WILL BE RESPONSIBLE FOR THE LICENCE/TENANCY:

HOME ADDRESS:

POST CODE_____ HOME (Landline) TELEPHONE NO._____

MOBILE TELEPHONE NO: _____ EMAIL:_____

WHEN WOULD YOU LIKE TO TAKE UP OCCUPANCY ? _____ (preferred date/month/year)

OCCUPANCY COMMENCEMENT DATE: _____(LCVS USE ONLY)

PREFERRED SIZE OF UNIT/WORKSHOP REQUIRED (SQUARE FEET): _____

TYPE OF BUSINESS:

_____S.I.C._____

TRADING NAME OF YOUR BUSINESS:

If LTD please give company registration Number_____

IS YOUR BUSINESS "NEW" OR "ESTABLISHED" ? _____

IF "ESTABLISHED"- FOR HOW LONG _____

NUMBER OF OCCUPANTS/EMPLOYEES who will be working in the unit: _____

DETAILS and NUMBER OF ANY MACHINES/EQUIPMENT YOU WILL USE:

ALL PORTABLE ELECTRICAL ITEMS BROUGHT ONTO LCVS PREMISES MUST BE P.A.T. TESTED

HAVE YOUR ITEMS BEEN TESTED? YES/NO (PLEASE INDICATE)

IF YES - PLEASE PROVIDE A COPY OF THE PAT REPORT

IF NO - LCVS WILL ARRANGE FOR ITEMS TO BE TESTED AT YOUR EXPENSE

ANY MACHINES WHICH CREATE? :-

NOISE: SMELL: SMOKE: FUMES: VIBRATION.

Details of
machinery_____

ANY USE OF MATERIALS, MACHINES AND/OR SUBSTANCES WHICH CREATE? :

SMELLS

SMOKE

FUMES

HAZARDS

INSURERS NAME & ADDRESS :

A. LOSS OF PROPERTY/EQUIPMENT: _____

B. PUBLIC LIABILITY: _____

C. EMPLOYERS LIABILITY (IF YOU HAVE EMPLOYEES) _____

YOU WILL BE RESPONSIBLE FOR FIRE SAFETY WITHIN YOUR WORKSHOP UNIT, YOU WILL NEED TO ENSURE YOU HAVE THE CORRECT FIRE EXTINGUISHERS IN PLACE IN THE UNIT ONCE YOU TAKE UP OCCUPANCY

BANK DETAILS:

BANK NAME &
ADDRESS _____

PLEASE GIVE THE NAME AND ADDRESS OF ONE REFEREE.

Please tell us why the Board of Directors should consider your application for a workshop unit at Aire Street or Dock Street premises.

When considering applications for tenancies, LCVS Enterprises Ltd do not discriminate against any applicant for any reason that is not directly relevant to the normal commercial considerations of a workshop tenancy.

Please return completed form to:

LCVS Board of Directors, c/o Dock Street Workshops, 30-38 Dock Street, Leeds LS10 1JF

If you have any questions or would like to look at any vacant units contact the LCVS Manager -

Tel: 0113 2465021 or Email: info@lcvsenterprises.org.uk