



Market Hall
Market Place
Whitehaven
Cumbria CA28 7JG
Telephone 01946 598300
cumberland.gov.uk

REGISTRATION FORM

Full address of property

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.....

1. If the occupier is a **limited company**, please complete the following:

a) What is the full name of the company?

.....

b) What is the registered address of the company?

.....
.....

c) Please provide the company number.....

d) What is the trading name of the company? (if applicable)

.....

2. If the occupier is a **sole trader or partnership** please provide full name(s)

Title

First name(s)

Surname

.....
.....
.....

Trading name

.....

3. If the occupier is not a limited company, partnership or sole trader please provided the following details:

a) Full name of the organisation

b) The registered address of the organisation

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c) The name and address of the trustee or chairperson

.....

4. Address for correspondence, including bills, if different to property address.

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5. Occupation details:

Date you first started to use the property (i.e. Date stock was FIRST moved in)

What is the nature of your business

The address of any other business premises you have

.....

.....

6. If you DO NOT own the property, please complete the following:

Full name and address of owner

.....

.....

Date your lease/licence commenced

Please provided a copy of your tenancy agreement

Name and address of your solicitor

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7. If you are the owner, please complete the following:

Date of completion of purchase

Name and address of your solicitor

.....

8. Have any structural alterations taken place recently? Yes No

If Yes please give brief details:

9. If you have moved from another property in this area please provide details:

Address of property.....

Date stock moved out of property..... Date your lease expired

Name and address of new occupier (if known)

.....

If you were the owner, date of completion of sale

Name and address of new owner

.....

10. Declaration: The information I have provided on this form is correct to the best of my knowledge and belief.

Signed Date

Full name Capacity in which signed
(block capitals)

Your daytime telephone number, in case of query.....

Your home address

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