

**APPLICATION TO OPERATE FROM WARWICKSHIRE COUNTY COUNCIL  
BUSINESS CENTRE PREMISES**

Please write or type clearly, complete in full, sign the form and return it to either :

<b>Lisa Smullen</b> Sir Frank Whittle Business Centre Great Central Way Rugby CV21 3XH
01788 551500
Fax 01788 550621
sfwbc@warwickshire.gov.uk

<b>Lisa Smullen</b> Centenary Business Centre Hammond Close Attleborough Fields Industrial Estate Nuneaton CV11 6RY
02476 641399
Fax 02476 642402
cbc@warwickshire.gov.uk

<b>Duncan Haldane</b> Eliot Park Innovation Centre 4 Barling Way Nuneaton CV10 7RH
02476 796400
Fax 02476 796401
epic@warwickshire.gov.uk

**I/We wish to be considered for a unit at (please indicate)**

- Bermuda Innovation Centre, Bermuda Park, Nuneaton CV10 7SD
- Centenary Business Centre, Hammond Close, Nuneaton CV11 6RY
- Church Lawford Business Centre, Limestone Hall Lane, Church Lawford CV23 9HD
- Eliot Park Innovation Centre, 4, Barling Way, Nuneaton CV10 7RH
- Hammond Business Centre, Hammond Close, Nuneaton CV11 6RY
- Pool Road Business Centre, Pool Road, Nuneaton CV10 9AQ
- Sir Frank Whittle Business Centre, Great Central Way, Rugby CV21 3XH
- Smallbrook Business Centre, Waterloo Industrial Estate, Bidford on Avon B50 4JE

**Unit number you wish to apply for : .....**

**Company name**

**Surname**

**First Names**

**Date of Birth**

**Contact details**

Address	
Postcode	
Landline telephone number	
Mobile telephone number	
e-mail address	
Website address	

**How long have you lived at this address?** \_\_\_\_\_ years

If less than two years please give your previous address

**Address of the registered office for the company if applicable**

<b>Postcode</b>	
<b>Telephone</b>	
<b>Fax number</b>	
<b>e-mail address</b>	
<b>Website address</b>	

<b>VAT Registered?</b>	<b>Yes/No</b>
<b>VAT No.</b>	

**DO YOU HAVE ANY PARTNERS?**

**YES – CONTINUE OVERLEAF or**

**NO – MOVE ON TO DESCRIPTION OF PROPOSED BUSINESS TO BE RUN**

**PARTNER 1****Surname****First Names****Date of Birth****Contact details**

Address

Postcode

Landline telephone number

Mobile telephone number

e-mail address

Website address

**How long have you lived at this address? \_\_\_\_\_ years**If less than two years please give  
your previous address**PARTNER 2****Surname****First Names****Date of Birth****Contact details**



**Who will be employed by your company?**

**Please include actual numbers**

FT male employees	<input type="text"/>
FT female employees	<input type="text"/>
PT male employees	<input type="text"/>
PT female employees	<input type="text"/>
Number of family members	<input type="text"/>
Employees at start	<input type="text"/>
Total number of employees	<input type="text"/>

**Turnover Category:**

	Please tick
Up to £10,000	<input type="checkbox"/>
£10,001 - £20,000	<input type="checkbox"/>
£20,001 - £45,000	<input type="checkbox"/>
£45,001 - £100,000	<input type="checkbox"/>
£100,001 - £250,000	<input type="checkbox"/>
£250,001 - £500,000	<input type="checkbox"/>
£500,001 - £1,000,000	<input type="checkbox"/>
Over £1,000,001	<input type="checkbox"/>

**Power supply needed:**

	Please tick
Single Phase	<input type="checkbox"/>
Three Phase	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Estimated amount of water used as part of the manufacturing process if applicable	<input type="text"/>

**Previous Business experience/employment (including dates)**

Last Employer/Business Experience

Name
Address
Telephone number

Experience gained:

**Have you previously occupied premises owned by WCC? YES/NO**  
If yes, please give details

Address of Property
Dates Occupied

**Do you have a business plan?**

Yes

If yes please enclose a copy

No

If no please be in a position to provide a copy at the business interview

(please tick as required)

**Two referees are required for each applicant, one of whom must be either your bank or accountant:**

**Primary Applicant**

	<b>Reference 1</b>
Name	
Address	
Telephone	
Position	
e-mail address	
Fax number	

	<b>Reference 2</b>
Name	
Address	
Telephone	
Position	
e-mail address	
Fax number	

I confirm that you are able to contact the people named above without any further authority

Signature		Applicant
Print name		
Date		

**Partner Applicant**

	<b>Reference 1</b>
Name	
Address	
Telephone	
Position	
e-mail address	
Fax number	

	<b>Reference 2</b>
Name	
Address	
Telephone	
Position	
e-mail address	
Fax number	

I confirm that you are able to contact the people named above without any further authority

Signature		Applicant
Print name		
Date		

**I/We, the applicants understand that WCC Business Centres will make a search with a credit reference agency, which they will keep a record of.**

**I/We, the applicants understand that WCC Business Centres may also make enquiries about the principal directors with a credit reference agency.**

**Signed .....**

**Printed: .....**

**Date.....**

Notes to applicants:

1. Please return completed form to the address listed above.
2. We are unable to progress your application until:
  - a. we have received the completed and signed form.
  - b. we have had satisfactory references returned to us.

**Warwickshire County Council reserves the right to refuse any application without further correspondence.**

### **What happens next?**

Once we have received your application form and references, we will ask you to attend a short business interview to discuss your business plan.

When the interview is completed we will make a recommendation whether to offer you a licence or lease. This process normally takes 5 days from the interview.

If you are successful we will instruct the County Council to draw up a standard licence or lease for you to sign.

Once the licence or lease is signed and the deposit and fees paid, you may pick up your unit keys and take occupancy of the building.

If you have any questions please contact either Margaret Burnham, Lisa Smullen or Duncan Haldane, contact details are listed on the front page.

### **How your information may be used**

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy.

We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

If you would like further information:

visit our website: [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

or contact our Customer Service Centre at:

Warwickshire County Council, Shire Hall, Warwick, CV34 4SA

Telephone: 01926 410410