



Gorseinon Development Trust Ltd
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APPLICATION FOR PREMISES

PLEASE COMPLETE ALL SECTIONS AND RETURN TO THE ADDRESS ABOVE

APPLICANT DETAILS

Name & Address of Applicant (If Application is relevant to a Limited Company, give details of the Registered Address).

Full Name

Position

Trading Name

Address

Post Code

Telephone (inc STD code)

Business Details

(Please tick relevant boxes)

Is the Proposed Business

- (a) A New Business? []
- (b) An existing Company Expanding? []
- (c) An existing Company Re-locating? []
- (d) A Subsidiary of an Existing Company? []

Trading Name (if known)

Registration Number (if applicable)

Legal Description of Company

- (a) Sole Trader []
- (b) Partnership []
- (c) Limited Liability []
- (d) Co-operative []
- (e) Other (Please specify) []

BUSINESS DETAILS

Nature of Business to be Conducted in the Premises

Brief Details of Previous Knowledge/Experience

Contact Address or Current Business Address

(This will be used for all
Correspondence/Contact prior to
occupation of the premises.)

Name

Address

Postcode

Telephone

How long in Business?

Job Opportunities

	Number of Jobs
Currently Employed	[]
On moving into the premises	[]
Projected Jobs at the end of Year 3	[]

PREMISES DETAILS

Premises Requirements

Estimated Size required Sq. Ft []

Desired Date of Occupation []

Number of parking spaces required []

Hours of operation []

Are reception services required? (please specify below) []

Are Office services required? (please specify below) []

Other (please specify below) []

Authorised Manager/Key Holder

(Main Contact for Emergency Purposes)

Name

Home Address

Post Code

Telephone

Position in Business

Second Manager/Second Key Holder

(Secondary Contact for Emergency Purposes)

Name

Home Address

Post Code

Telephone

Position in Business

REFERENCES

Bankers	Name	Tel.
	Account Name	
	Account Number	Sort Code
	Address	
	Post Code	
Accountants	Name	
	Contact Name	Tel.
	Address	
	Post Code	
Insurance Co.	Name	
	Contact Name	Tel.
	Address	
	Post Code	
Solicitor	Name	
	Contact Name	Tel.
	Address	
	Post Code	
Referee 1	Name	Tel.
	Address	
Referee 2	Name	Tel.
	Address	

