## APPLICATION FOR LICENCE TO OCCUPY A UNIT IN CREATIVE SPARK

| Business Or Trading Name:            |              |
|--------------------------------------|--------------|
| Contact Name:                        |              |
| Position in Business:                |              |
| Registered Address:                  |              |
|                                      |              |
| Correspondence Address:              |              |
|                                      |              |
| T                                    |              |
| Telephone Number:                    |              |
| Mobile Number:                       |              |
| Fax Number:                          |              |
| Email:                               |              |
| Website:                             |              |
|                                      |              |
| Status of Business:                  | Please tick  |
| Limited Company                      | 1 13433 9.61 |
| Sole Trader                          |              |
| Co-Operative                         |              |
| Partnership                          |              |
| Other (please state)                 |              |
| Is This A New Business Start-Up?     | Please tick  |
| Yes                                  | Flease tick  |
| No                                   |              |
| If no please state year of formation |              |
| 7                                    |              |
|                                      |              |
| Description of Business Activity:    |              |
|                                      |              |
|                                      |              |
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|                                      |              |
|                                      |              |

| Workspace Required                        |                           |        |
|---|---------------------------|--------|
| Please outline how much space you require | to adequately meet your r | needs: |
|   |                           |        |
|   |                           |        |
|   |                           | 0      |

22 21 20

| Please indicate your p | oreference for any unit at the Centi                          | re                                      |
|------------------------|---|---|
| Ist Choice:            | 2nd Choice:   | 3rd Choice:                             |
|                        | 1   | <u></u>                                 |
| From what date wou     | ld you like to occupy a unit?                                 |   |
| Please describe all of | the activities and processes that we                          | ould occur within the unit:             |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
| What machinery / eq    | uipment would be used as part of t                            | hese activities / processes?            |
| 77                     | <u> </u>  |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        | t goods would be delivered to / c<br>used and frequency, etc. | collected from the Unit and include wha |
| types of venicles are  | asea and nequency, etc.                                       |   |

|   | Please estimate the volume and describe the types of commercial waste that would be associated with this business and outline plans for disposal of same. |   |  |  |  |
|---|---|---|--|--|--|
| with this business and outili                               | ne plans for disposal of same   | S.  |  |  |  |
|   |   |   |  |  |  |
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|   |   |   |  |  |  |
|   |   |   |  |  |  |
| Harris Plat   | ata ha analana dha dha haat   | 1   |  |  |  |
| How many people are likely                                  | y to be employed in the busi Part Time  | ress: Full Time                           |  |  |  |
| المندنمال   | Fart Time   | ruii Time                                 |  |  |  |
| Initially After I Year                                      |   |   |  |  |  |
|   |   |   |  |  |  |
| After 3 years   |   |   |  |  |  |
|   |   |   |  |  |  |
| If you are an existing busine                               | ess, how many people are cu   | rrently employed?                         |  |  |  |
|   | Part Time   | Full Time                                 |  |  |  |
| Male  |   |   |  |  |  |
| Female  |   |   |  |  |  |
|   |   |   |  |  |  |
| Please describe briefly th                                  |   | n of the business and demonstrate the     |  |  |  |
| businesses' ability to meet t<br>business will be financed. | the licence fee. Proprietors  | of new businesses should describe how the |  |  |  |
|   | the licence fee. Proprietors  |   |  |  |  |
| business will be financed.                                  |   |   |  |  |  |
| business will be financed.  Will the business provide a     |   | of new businesses should describe how the |  |  |  |
| business will be financed.  Will the business provide a     |   | of new businesses should describe how the |  |  |  |

| Please provide any other information which would assist the Board of Management in appraising   |
|---|
| your application:   |
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|   |
| Creative Spark, Clontygora Drive, Muirhevnamor, Dundalk, Co. Louth  I/we undertake that any information contained in the course of this application is to the best of |
| my/our knowledge and belief correct and that all relevant information has been discharged.  |
| Signature:  |
|   |
| Name:   |
|   |
| Date:   |
|   |
| Please return this completed application to:  |
| Sarah Daly  |
| Executive Director  |
| Creative Spark  |
| Clontygora Drive Muirhevnamor   |

Co. Louth
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Dundalk