



**LICENCE APPLICATION FORM
FOR
PERSONAL TRAINERS AND FITNESS COACHES**

Name of Applicant (Trainer):

Business Name:

Contact Address:

Postcode:

Email:

Contact phone:

Regular Session Day and Time: 1.

2.

3.

Number of sessions/week:

Location of Activity: Bedale Park

I confirm that:

- I have received copies of, have read and agree to abide by the OUTDOOR FITNESS -CODE OF CONDUCT and OUTDOOR FITNESS - TERMS AND CONDITIONS for the use of Bedale Park for fitness training purposes, as published on the Bedale Town Council Website.
- I confirm that I have sufficient public liability insurance (£5m) in place.
(A copy of the insurance certificate must be submitted with this Application)

Signature of Applicant/Licensee:

Date:

Licence Commencement Date:

Licence Renewal Date: 1st April _____

Authorising Signature and
Name:

(on behalf of Bedale Town Council)

Date of Authorisation:

Last Approved (Minute Ref.): 12/03/2018 (037.2018)

BEDALE TOWN COUNCIL

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