## **APPENDIX B**

## APPLICATION FORM FOR PERMIT TO OPERATE FITNESS TRAINING CLASSES ON PORTSMOUTH CITY COUNCIL OWNED LAND

Applicant details	Enter details below	Documentation required
Name		
Address		
Postcode		
Telephone number		
Email address		
Professional		Proof required
qualification(s)		
Trading name		
Date formed		
Professional indemnity		Proof required
(min. £5M public liability) Accredited sports		Proof required
organisation(s) membership number		,
Requested location of operation		Attach map if necessary
Requested permit period (maximum 12 months)		
Description of proposed		
fitness class, including type of sessions available		
and days and times of use		
Maximum number of		
clients per session		
Risk / method statement for proposed activity		Attach copy
Code of conduct		Attach signed copy

## **APPENDIX B**

City council use only			
Operator trading name			
Location of operation		Attach map of identified area	
Proof of qualifications			
Proof of indemnity			
Proof of accreditation			
Copy of risk / method assessment			
Signed copy of code of conduct			
Permit period granted			
Permitted use description			
Times of operation			
Maximum number of users			
Permit fee, per annum			
Charging : annual unless specified otherwise			
Permit fee cost centre			
Commencement date			
Review date			
Permit number			
Date issued			
Issued by			
Details of incidents recorded during permitted trading period			