|  |  |  |
| --- | --- | --- |
|  | *Our Ref:* |  |
| *Your Ref:* |  |
| *Please Ask For:* | Customer Service Support |
| *Telephone:* | 01253 658658 |
| *Email:* | CSA@fylde.gov.uk |
|  | *Date:* | 01 May 2018 |

**With Compliments**

Further to your recent request please find attached a Beach Access Permit form which should be returned to the Town Hall at the address below with

* IFCA permit (if access relates to cockling)
* Vehicle MOT
* Vehicle Log Book
* Vehicle insurance
* Boat/craft insurance for vehicle to used on foreshore/at sea

Should you require any further information please do not hesitate to contact me on the above telephone number.

Regards

**This permit is not transferable and if you change or wish to add another vehicle**

**a further application will be required together with the supporting documentation**

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Address**  **Tel no:** |  |
| **Email address** |  |
| **Postcode** |  |
| **IFCA Registration Number & ID** |  |
| Name of registered buyer/s |  |
| **Permit Number Issued:** |  |

Commercial Beach Access Permit Recreational Beach Access Permit

|  |  |
| --- | --- |
| Craft Insurance Documents  Insurance Company Name/Policy Number |  |
| **Driving Licence Details** |  |
| **Vehicle Insurance Documents**  **Insurance Company Name/Policy Number** |  |
| **MOT date (if applicable)**  **Foreign registered vehicles will require a UK MOT** |  |
| **Vehicle Ownership details**  **Registration No:**  **Description of Vehicle** |  |
| Public Liability Insurance  Insurance Company Name/Policy Number |  |

I, understand and agree to follow all of the above conditions.

Signed: Dated:

Authorised Officer

Signed: Dated: