



## 2026 Accommodation Permit Application Form

### Applicant Details

Full Name of Applicant:	
Trading Name:	
Address:	
Telephone:	
Email:	

### Premises Information

Address of Premises:	
Type of Occupation: (i.e., Owner / Leaseholder / Rental / Other)	
On-site Manager (if different):	
Inspection Contact:	
Period open:	From (dd/mm/yyyy) To (dd/mm/yyyy)
Total number of proposed persons to accommodate	(not including children under 10 years of age) (maximum 50 persons)
Liquor licence:	

### Nature of Business – please tick

Campsite <input type="checkbox"/>	Self Catering <input type="checkbox"/>	Guest house <input type="checkbox"/>	Hotel <input type="checkbox"/>
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### Terms

#### Campsite

Site fee per adult per night	Site fee per child per night

#### Self Catering

Name of Unit	Number of Persons	Terms per week		Terms per day	
		Min -	Max-	Min-	Max -




## Guest Houses and Hotels

	Total Number (main building)	Total number (annex- if appropriate)
Single Bedrooms With ensuite		
Single rooms		
Double/Twin Bedrooms With full ensuite		
Double/Twin Bedrooms		
Family Bedrooms with ensuite		
Family rooms		
Bathrooms/showers		
Toilets		

	Y or N	From	To
Bed and Breakfast		£	£
Half Board		£	£
Full Board		£	£

## Environmental Health & Registration

Registered with Guernsey Environmental Health:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach evidence if yes)
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## Water Supply & Sanitation

Water Source:	Own <input type="checkbox"/> Borehole	Shared <input type="checkbox"/>	Well <input type="checkbox"/>	Catchment <input type="checkbox"/>	Other <input type="checkbox"/>
Treatment Method:		UV Tube Length:		Last Re-newed:	
Sewage Disposal:	Cesspool <input type="checkbox"/>	Septic Tank <input type="checkbox"/>	Biological Unit <input type="checkbox"/>	Other <input type="checkbox"/>	

## Facilities (please provide numbers / dates)

Central heating:		Tea making facilities in rooms:	
Reduction for children:		TV in rooms:	
French spoken:		TV in lounge:	



Swimming pool		Free Wifi:	
Evening meals in winter:		Diets catered for:	

### Campsites – please tick

Constant cold water available <input type="checkbox"/>	Hot shower and baths available <input type="checkbox"/>	Washing machines available <input type="checkbox"/>	Are pets allowed by prior arrangement <input type="checkbox"/>
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### Insurance & Documentation

Public Liability Insurance attached	
Water test booked (date: _____) / result attached	
Environmental Health registration attached	
Fire Safety Inspection	
Permit fee + water test £32 paid	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> BACS <input type="checkbox"/>

### Data Protection / Fair Processing Notice

The personal and business data you provide on this form will be processed by the Chief Pleas of Sark (Tourism & Public Health Committee) to administer your Catering Permit. Your information may also be shared with other Committees of the Chief Pleas (such as the Douzaine of Sark) for legitimate purposes including commercial waste collection charges, licensing records, and statistical reporting.

Processing is undertaken under the lawful basis of performing a public task and fulfilling statutory duties. See the Fair Processing Notice for details and rights:  
<https://sarkgov.co.uk/data-protection>

I confirm that I have read and understood the Fair Processing Notice.

### Declaration

I declare that:

1. The information provided is true and complete.
2. I understand a permit may be granted subject to conditions and failure to comply may lead to revocation.
3. I have no outstanding enforcement notices under the Catering (Sark) Law 1988.
4. I consent to an inspection of the premises by the Tourism & Public Health Committee or its agents.

Signed:

Print Name:

Date: