Application for an environmental permit Part A



Please read through this form and the guidance notes that came with it. Please write clearly in the answer spaces. It will take less than two hours to fill in this form.	Contents 1 About your application 2 Discussions before your application 3 About you 4 Who can we contact about your application? 5 The site 6 Your ability as an operator 7 Consultation (applications for bespoke site permits only) 8 How to contact us			
1 About your application	3 About you, continued			
What is this application for?	3a Details of each applicant			
A new permit (parts A, B and F of the application form) \square	Name of the partnership, public body, company or corporate			
Give the reference numbers of any other environmental permits	body			
for this site.	Bakkavor Foods Ltd, trading as Laurens Patisseries			
A variation (change) to an existing permit (parts A, C and F of the application form)	3b Applications from individuals only (including partnerships)			
What is the reference number of the permit you want to vary?	Name			
	Title (Mr, Mrs, Miss and so on)			
Give the reference numbers of any other environmental permits	First name			
for this site.	Last name			
To transfer all or part of an existing permit				
(parts A, D and F of the application form)	Position			
What is the reference number of the permit you want to transfer?	Date of birth (DD/MM/YYYY)			
	Name			
To surrender (give up) all or part of a permit				
(parts A, E and F of the application form)	Title (Mr, Mrs, Miss and so on)			
surrender?	First name			
	Last name			
	Position			
2 Discussions before your application				
If you have had discussions with us before your application, provide the case reference number	Date of birth (DD/MM/YYYY)			
KP3332GH	If necessary, use a separate sheet to provide details of any other people.			
3 About you	3c Applications from registered companies only			
Are you applying as:	Company registration number			
an individual? $\ \Box$	0106 0806			
an organisation of individuals (for example, a partnership)?	Date the company was registered (DD/MM/YYYY) 07/07/1972			
a public body? □ a registered company or other corporate body? ☑	Country the company is registered in			
a registered company of other corporate body:	United Kingdom			
	If you are applying as a corporate organisation that is not a limited company, please provide evidence of your status.			
	Document reference			

3 Abou	t you, continued	3 About you, continued Address
3d Your r	main (registered office) address	Jessop Way
Contact nam		Newark
Title (Mr,	Mrs, Miss and so on) LMr	Nottinghamshire
First nam	e _Tony	
Last nam	e Swindell	Postcode NG24 2ER
Address		Tostcode
West March	n Road	Contact numbers, including the area code Phone 101636 615104
Spalding		04626 642476
Lincolnshire	e	i an
		Mobile
Postcode	PE11 2BB	E-mailnick.rawlinson@laurens .co.uk
Contact num	nbers, including the area code	
Phone	01775 761111	
Fax		4 Who can we contact about your application?
Mobile		The person named in section: 3b \square 3c \square 3d \square or 3e $ oldsymbol{ oldsymbol{Z}}$
E-mail		3b □ 3c □ 3d □ or 3e ☑ or
		Other
		Title (Mr, Mrs, Miss and so on)
3e Main	UK business address if different from above	First name
Contact nam		Last name
Title (Mr.	Mrs, Miss and so on) Mr	Decition
First nam	D-I	Position
Last nam	A	Address
Address		
Jessop Wa	v	
Newark	,	
Nottingham	nshire	
1		Postcode
Postcode	NG24 2ER	Contact numbers, including the area code
	nbers, including the area code	Phone
	, 01636 615155	Fax
Phone	01636 613176	Mobile
Fax	07919 694 407	E-mail
Mobile	bob.asman@laurens.co.uk	
E-mail		
		5 The site
		This section does not apply if you are:
	ce address	 making an application for mobile plant;
Contact nan		 transferring a whole permit; or
	Mrs, Miss and so on) Mr	 surrendering a whole permit.
First nam		For all other applications
Last nam	e Rawlinson	5a Provide the name and address of the site
		Name
		Laurens Patisseries

5 The site, continued	6 Your ability as an operator, continued
Same address as in section 3 above	Position
or	Head of Operations
Different address	Date of birth (DD/MM/YYYY)
	REDACTED
	Name
	Title (Mr, Mrs, Miss and so on) Mr
	First name Paul
Postcode	Last name Liveras
rosicode	East name
5b Provide the national grid reference	Position
SK 8116 5453 For example, ST 12345 67890	Business Director
	Date of birth (DD/MM/YYYY) REDACTED
5c Provide a plan or plans for the site	
Document reference (or references) Appendix A	If necessary, use a separate sheet to provide details of any other relevant people.
Appendix	6b Relevant offences
5d Provide the relevant sections of a site condition	Have you, or any other relevant person, been convicted of any
report if this applies (see the site condition report	relevant offence?
guidance)	No ☑
Document reference	Yes 🗆
Appendix C	If yes, give details below.
Variations only	Position at the time of the offence
5e Do any of the variations you plan to make need	
additional (extra) land to be included in the permit?	Name of the relevant person
No 🗆	Title (Mr, Mrs, Miss and so on)
Yes	First name
Site report for the additional land	Last name
Document reference (or references)	none i prompton
Described allows of the secretarity solitors in the secretarity	Name of the court
Detailed plans of changes to the existing situation	Date of the conviction (DD/MM/YYYY)
Document reference (or references)	Date of the conviction (DD/MM/) 1111)
	Offence and penalty set
6 Your ability as an operator	onence and penalty set
This section does not apply for applications to surrender a permit.	
6a Who are the relevant people? Name	Date any appeal against the conviction will be heard (DD/MM/YYYY)
Title (Mr, Mrs, Miss and so on)	
First name Bob	If necessary, use a separate sheet to provide details of other
Aamaa	relevant offences.
Last name	6c Technical ability (see the technical ability guidance)
Position	Please tell us which scheme you are using to show you have
Health and Safety Manager	the suitable technical skills and knowledge to manage your facility.
Date of birth (DD/MM/YYYY)	
REDACTED	In-house environmental management system with a
Name	commitment to achieve ISO14001 certification. Relevant staff have undergone IEMA-accredited environmental training.
Title (Mr, Mrs, Miss and so on)	nate andorgono izaw caooroatoa orritoriniontal training.
First name Jenny	
Last name Gamon	
Lust name	

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6 Your ability as an operator, continued	6 Your ability as an operator, continued
Document reference number (or numbers) for the evidence you	Your own management system
provide to show you are keeping to your chosen scheme	If you are applying for a bespoke permit, please make sure you
Section 5A.3 Environmental Management System	send us a summary of your management system with your
EP OPRA Operator Performance tab	application. Whole permit transfers only
Please tick if you are applying for waste operations	When the permit is transferred, will the permitted activities be
not covered by agreed schemes $\ \square$	managed in largely the same way and can you provide
We may need to assess your ability. If we do, you will need to pay an extra charge for this.	evidence of this?
6d Finances	Yes Document reference
Have you or any relevant person ever been the subject of any	
proceedings for insolvency or bankruptcy? Please provide details.	Management system reference number
No	Bespoke permits only
	Document reference (or references)
	Section 5A.3 Environmental Management System
	 7 Consultation (applications for bespoke site permits only)
	*
	7a In which local-authority area is the site based? (Give names of all authorities if the site is on a boundary.)
	Borough, district or unitary authority
W	bolough, district of unitary authority
We may want to contact a credit-reference agency for a report about your business's finances.	Newark and Sherwood District Council
Landfill only	
How do you plan to make financial provision for your landfill?	
Bonds	
Escrow account	
Trust fund	County council (unless there is a unitary authority)
Lump sum	Notice to exact the Country Country
Other	Nottinghamshire County Council
Document reference	
Provide a plan of the estimated expenditure or each phase of the landfill	
Document reference	
	7b Are there any sites of special scientific interest
6e Management systems	(SSSIs) within two kilometres of the installation or one kilometre of the waste facility?
Does your management system meet the conditions set out in	No 🗹
our guidance?	Yes 🗆
No 🗆	If yes, please give the names of the sites.
Yes 🗸	
What management system will you provide for your regulated facility?	
EC Eco-Management and Audit Scheme (EMAS)	
ISO 14001	
RS 8555	

Phase (1-5)

7 Consultation (applications for bespoke site permits only), continued

7c Are there any SSSIs which may be affected by

emissions from the installation or waste facility?	No 🗹
No 🗹	Yes □
Yes □	If yes, please name the harbour authority.
If yes, please give the names of the sites.	
	7f3 Directly into relevant territorial waters or coastal waters within the sea fisheries district of a local fisheries committee? No ✓ Yes If yes, please name the fisheries committee.
7d Are there any European sites, as defined by regulation 10 of the Conservation (Natural Habitats etc.) Regulations 1994, which could be affected by emissions from the installation or waste facility? No Yes If yes, please give the names of the sites.	7g Is the installation on a site for which: 7g1 a nuclear site licence is needed under section 1 of the Nuclear Installations Act 1965? No ✓ Yes 7g2 a policy document for preventing major accidents is needed under Regulation 5 of the Control of Major Accident Hazards Regulations 1999, or a safety report is needed under Regulation 7 of those regulations? No ✓ Yes Yes
	8 How to contact us
	If you need help filling in this form, please contact the person
7e In which health-authority area is the facility based?	who sent you it or contact us as shown below.
(Give names of all authorities if the site is on a boundary.)	General enquiries: 08708 506 506 (Monday to Friday, 8am to 6pm)
Nottinghamshire County Teaching Primary Care Trust	Textphone: 08702 422 549 (Monday to Friday, 8am to 6pm)
	E-mail: enquiries@environment-agency.gov.uk
	Website: www.environment-agency.gov.uk
	If you are happy with our service, please tell us. It helps us to identify good practice and encourages our staff. If you're not happy with our service, please tell us how we can improve it.
Questions 7f and 7g are for installation applications only.	Please tell us if you need information in a different language or format (for example, in large print) so
7f Could the installation involve releasing any substance into any of the following?	we can keep in touch with you more easily.
7f1 A sewer managed by a sewerage undertaker?	
No 🗆	
Yes ☑	
If yes, please name the sewerage undertaker. Severn Trent	

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Consultation (applications for bespoke site permits only), continued

7f2 A harbour managed by a harbour authority?

Feedback

(You don't have to answer this part of the form, but it will help us improve our forms if you do.)

We want to make our forms easy to fill in and our guidance notes easy to understand. Please use the space below to give us any comments you may have about this form or the guidance notes that came with it.

WHY	ARE	DATES	OF	BIRTH	REQUIRES	IN	Seen	6A?
How long did it	t take you to	fill in this form?	, 1 hou	ır 15 minutes	ſ	11		
					otes, and to tell the Go	warnment	how regulati	ions could be
made simpler.	ir reedback t	o improve our re	iiiis aii	a gardance ne	nes, and to tell the oc	overiment.	. How regulati	ions could be
Would you like	a reply to yo	ur feedback?						
Yes please								
No thank you								

Crystal Mark 16134 Clarity approved by Plain English Campaign

For Environment Agency use only	
Date received (DD/MM/YYYY)	Payment received?
	No 🗆
Our reference number	Yes Amount received
	f