



Tourism Business Capital Grant Expression of Interest

Applicant Name	
Business Name	
Business Address & Postcode	
Telephone Number	
Email	

Organisation Structure & Financial Information			
Sole Trader	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
		Partnership	<input type="checkbox"/>
Social Enterprise	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>
		Community Business	<input type="checkbox"/>
Community Interest Companies (CICs)	<input type="checkbox"/>	Charitable Incorporated Organisation	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		
Sector: Tourism / Hospitality <input type="checkbox"/> Creative Industries <input type="checkbox"/> Retail <input type="checkbox"/> Life Sciences <input type="checkbox"/>			
<input type="checkbox"/> Other			
Company registration no. (if relevant / available):-		VAT registration no. (if relevant / available):-	
Date business started trading			
Size of Business:			

Details of Grant Support Required

Projected Project Costs

Job Creation

Please confirm if this project will lead to job creation which is expected to exist for at least 12 months as a consequence of support. **Projects must create direct employment.**

Yes No

Marketing

Bridgend County Borough Council's Tourism Team would like to send you information about our business funding, business events that are happening and any business news that might interest you by email, post or telephone.

Yes I'd like to hear from you

No Thank You, not at this time

Don't forget, you can change your contact preferences at any time by using the unsubscribe links, which you will find on all our emails.

Data Protection

Under General Data Protection Regulations (GDPR), you have given your consent to the Council to process your data to assess your eligibility for support.

By signing this form the applicant agrees to us checking with other council departments such as Business Rates, Domestic Rates, Licensing, Enforcement and Planning. We will not give information about you to anyone else or use information about you for other purposes without your permission, unless required by law to do so. For further information on the Council's privacy policy, please see:

<https://www.bridgend.gov.uk/utility/privacy-statement/>

Declaration

I declare that the information provided in this form is correct to the best of my knowledge.

Signed		Print Name	
Position in Company		Date	

Please complete and return to tourism@bridgend.gov.uk



UK Government Wales
Llywodraeth y DU Cymru