



Public Facilities Grant Scheme

Application Form

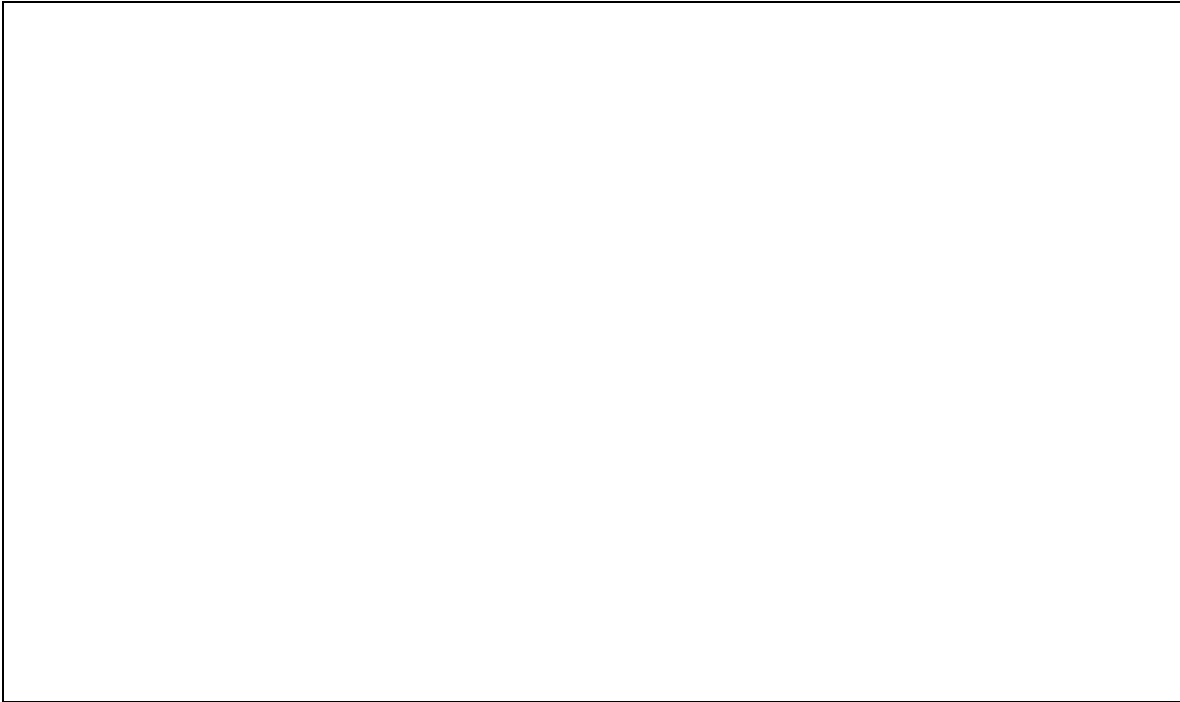
Details of your business

Name of Business	
Contact Name	
Designation (e.g. Proprietor, Manager)	
Contact Address	
Postcode	
Daytime Telephone No	
Fax Number	
E- mail address	
Business opening hours	
Business period (e.g. open all year / seasonal only – please give details)	

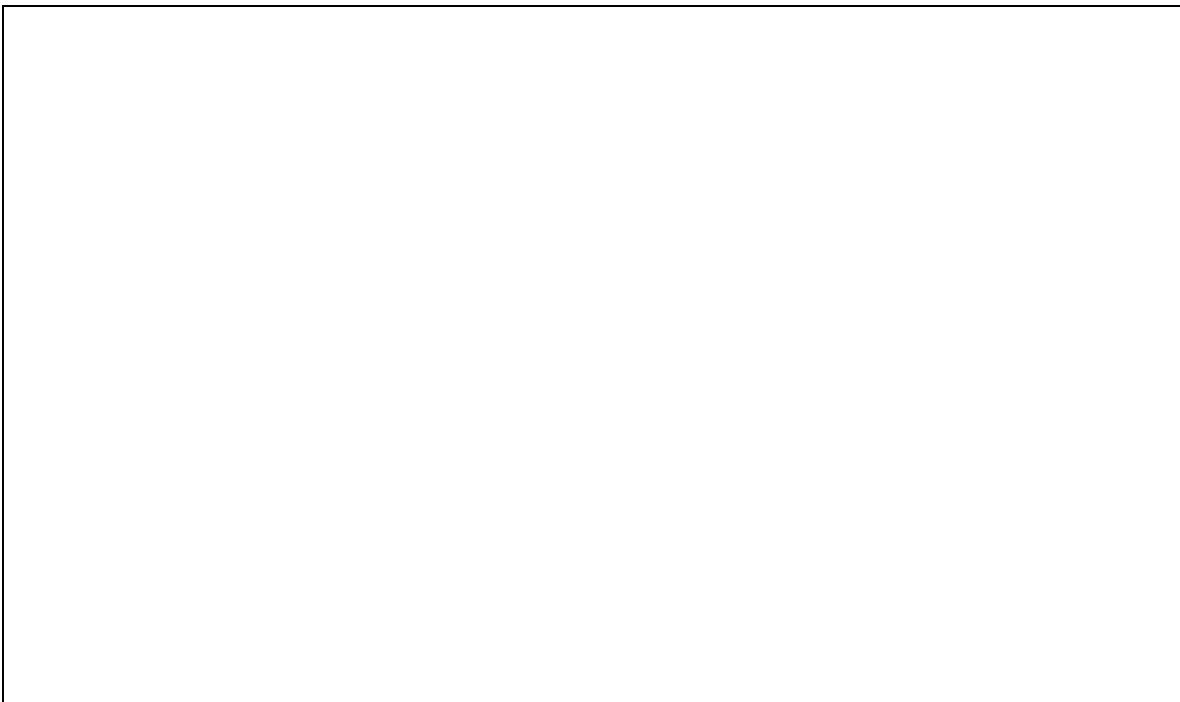
Please state below the facilities you can offer to the public- tick all boxes that apply.

	Yes	No
Male Toilet		
Female Toilet		
Unisex Toilet		
Disabled Toilet		
Hand Washing / Drying facilities		
Baby Changing Facilities		

Please tell us more about the toilet facility you propose to nominate under the Community Toilet Grant Scheme. i.e. location of your toilet(s) in your business premises, proposed toilet opening hours, cleaning regime, cleanliness monitoring etc.



How do you believe that opening your toilet facilities to the public would benefit the community in your locality?



I understand that the money for the scheme is limited, and there is a likelihood that my application will be placed on a waiting list.

To the best of my knowledge, the information contained in this application form is correct

Signature:

Date

Please return this completed application form to:

Community Toilet Grant Scheme
Highways and Municipal Service
Gwynedd Council
Stryd y Jêl
Caernarfon
Gwynedd, LL55 1SH

Or publictoilets@gwynedd.gov.uk