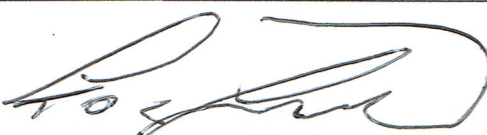


THE VALE OF GLAMORGAN COUNCIL  
STANDARDS COMMITTEE

Application for a Dispensation to the Standards Committee under Section 2 of  
the Standards Committees (Grant of Dispensations) (Wales) Regulations 2001

Name of Councillor	KARL OWEN LLEWELLYN JONES
Address	TY YN YGARN TRECES CF35 5DH
Name of Member's relevant Authority and Ward	LLANGAN COMMUNITY COUNCIL
Nature of Dispensation sought	TO BE ABLE TO SPEAK ABOUT THE BUND BETWEEN ALLOTMENTS AND CHAPEL
Date of meeting / issue to be discussed (if known)	23-5-18
Do you seek a dispensation just for the one meeting or for a longer period? If longer, please state a period. <i>(N.B. All dispensations granted expire at the next Council elections.)</i>	LONGER PERIOD UNTIL NEXT COUNCIL ELECTIONS
Level of dispensation sought <i>(i.e. to speak only or to speak and vote)</i>	TO SPEAK ONLY
Relevant paragraph(s) under which dispensation can be granted <i>(See (a) to (j) overleaf)</i>	(F) (H) (J)

<p>Details of the Prejudicial Interest</p>	<p>I AM A TRUSTEE OF SARON CHAPEL</p>
<p>Details of any Position of responsibility / control held on your Council (e.g. Chairman / Vice-Chairman / Cabinet Member)</p>	<p>NORMAL MEMBER</p>
<p>Reason(s) to support the application and why you consider the Standards Committee should grant a dispensation  (Use a separate sheet of paper if necessary)</p>	<p>I FEEL THAT THE CHAPEL NEEDS PROPER REPRESENTATION OUTSIDE OF THE PUBLIC MEETING BECAUSE TWO COUNCILLORS WHO ARE ALLOTMENT HOLDERS HAVE APPLIED FOR DISPENSATION TO SPEAK ON BEHALF OF THE ALLOTMENTS AND MAY SWAY ANY DECISION, AND I FEEL IT SHOULD BE FAIR FOR BOTH SIDES.</p>

SIGNED:  .....

DATED: ..... 8-5-18 .....

**Each section of the form MUST be fully completed.**

**(N.B. If you are submitting your application form electronically, without a signature, please give written permission for the receiving officer to sign the application form on your behalf. Failure to do this will result in the application being deemed incomplete and returned to the applicant.)**

SIGNATURE OF OFFICER (IF APPROPRIATE): .....

Please return completed form to:  
Democratic and Scrutiny Services, Directorate of Resources, Room 26, 1<sup>st</sup> Floor,  
Civic Offices, Holton Road, Barry, CF63 4RU