

Application Form for Grant or Renewal of Public Entertainment Licence

This is an application to apply for the Grant or Renewal of a Public Entertainment Licence made in term of Section 41 of the Civic Government (Scotland) Act 1982.



Before completing this form please read the guidance and notes that are attached. If you are completing this form by hand please write legibly in block capitals.

SECTION 1: NATURE OF APPLICANT AND TYPE OF LICENCE

1.1 Specify the nature of the application:

	<i>Please Tick One Box Only</i>
Application by an Individual Complete Section 2 do not complete Section 3	<input type="checkbox"/>
Application by a Business or Organisation (including a Sole Trader) Complete Section 3 do not complete Section 2	<input type="checkbox"/>

1.2 Specify the type and duration of licence you are applying for:

	<i>Please Tick One Box Only</i>	
	Temporary	3 Years
Grant	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	N/A	<input type="checkbox"/>

SECTION 2. APPLICATION BY INDIVIDUAL

2.1 Please provide your Personal Details:

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Daytime Phone No.		Evening Phone No.	Mobile Phone No.
Email Address			

2.2 Day to day management of the business:

	<i>Please Tick One Box Only</i>	
Do you intend to carry out the day to day management of the business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered **NO** you must complete Section 4 of the Application form

SECTION 3. APPLICATION BY BUSINESS OR ORGANISATION

READ NOTE B

3.1 Specify the Legal Status of the Business or Organisation:

Please Tick One Box Only

- | | | |
|---|---|--|
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Charity or Association | <input type="checkbox"/> Public Body |

3.2 Provide details of the Business or Organisation

Full Name of the Business or Organisation

Full Address of the Principal or Registered Office

Post Town

Postcode

Company Registration No.

Phone No.

Fax No.

Email Address

3.3 Provide the Personal Details of any Directors or Partners responsible for the management of the business or organisation.

Surname

First Name(s)

Date of Birth

Place of Birth

Home Address *(Include flat position, house name etc)*

Post Town

Postcode

Position within Business or Organisation

Surname

First Name(s)

Date of Birth

Place of Birth

Home Address *(Include flat position, house name etc)*

Post Town

Postcode

Position within Business or Organisation

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Position within Business or Organisation			
Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Position within Business or Organisation			

CONTINUE ON A SEPARATE SHEET IF NECESSARY

SECTION 4. DAY TO DAY MANAGER			
4.1 Please provide Personal Details for the individual that will be responsible for the day to day management of the business:			
Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Daytime Phone No.	Evening Phone No.	Mobile Phone No.	
Email Address			

SECTION 5: DETAILS OF ENTERTAINMENT

5.1 Provide details on any proposed Participatory Entertainment:

<input type="checkbox"/>	Health, Fitness & Beauty	<p><i>Please tick each box that applies</i></p> <input type="checkbox"/> Gymnasium <input type="checkbox"/> Sauna <input type="checkbox"/> Sunbed <input type="checkbox"/> Massage
Complete Section 6		
<input type="checkbox"/>	Fairground	
<input type="checkbox"/>	Other Entertainment	<p><i>Please tick each box that applies</i></p> <input type="checkbox"/> Premises providing facilities for the purposes of Dancing <input type="checkbox"/> Ice Rink <input type="checkbox"/> Snooker, Billiards and Pool <input type="checkbox"/> Indoor / Outdoor Go-Karting Track

5.2 Provide details of any proposed Spectator based Entertainment:

<input type="checkbox"/>	Performance	<p><i>Please tick each box that applies</i></p> <input type="checkbox"/> Dance <input type="checkbox"/> Live Music <input type="checkbox"/> Recorded Music <input type="checkbox"/> Play
<input type="checkbox"/>	Exhibition	
<input type="checkbox"/>	Public Show	

5.3 Provide further of the proposed Entertainment:

Provide further details of the type of Entertainment to be provided:	
Specify the days and hours that Entertainment will be provided:	
Specify the maximum number of persons to be admitted to the Premises/Event Space at any one time:	

SECTION 6: DETAILS OF HEALTH, FITNESS & BEAUTY ENTERTAINMENT

Complete this section only if you have indicated in section 5.1 that Health, Fitness & Beauty Entertainment is to be provided

Specify the precise nature of the services/facilities to be provided including the exact number of rooms, cubicles, screened areas, saunas, sunbeds, Jacuzzis, baths, gymnasium equipment etc.

Provide details of any relevant qualifications (e.g. physiotherapy/massage) and membership of any profession organisations for all those detailed in sections 2, 3 and 4.

Please be specific and provide the level of qualification and name & address of the organisation which provided the training and/or awarded the qualification.

If necessary continue onto a separate page of provide supporting documentation

Provide details of any previous management experience or management training held by all those detailed in sections 2, 3 and 4.

Please be specific and provide the level of qualification and name & address of the organisation which provided the training and/or awarded the qualification.

If necessary continue onto a separate page of provide supporting documentation

Further to section 5.3, provided details of the maximum number of staff and members of the public permitted to the premises at any one time:

No. of Staff

No. of Members of the Public

SECTION 7: DETAILS OF PREMISES / EVENT SPACE

7.1 Provide details of the Premises to be licensed

Name of the Premises (If any)

Full Address of the Premises

Post Town

Postcode

7.2 Complete this sub-section only if you have indicated in section 5.1 that Health, Fitness & Beauty Entertainment is to be provided

Provide details of the Owner / Landlord of the Premises

Post Town

Postcode

SECTION 8: PUBLIC NOTICE

Specify if a Public Notice will be displayed at the Premises:

I will display a Public Notice providing all the required information at or near the Premises so that it can be conveniently read by the public and I will take reasonable steps to replace the Public Notice should it be removed or defaced

I am unable to display a Public Notice at the Premises because I do not have the necessary rights of access

I am applying for a Temporary Licence and do not have to display a Public Notice

Please Tick

If you do not have the necessary access rights to the Premises, please detail below the steps that you taken to acquire the access rights:

SECTION 9: PREVIOUS CONVICTIONS

Read Note G

For any individuals named in Sections 2, 3 and 4 of the application form, you must provide details below of **all** current convictions (including road traffic offences) recorded against them. Provide details of all convictions **not** considered spent under the Rehabilitation of Offenders Act 1974.

If you are declaring no such convictions please write "None".

Name	Date	Court	Offence	Penalty

CONTINUE ON A SEPARATE SHEET IF NECESSARY

SECTION 10: CHECKLIST

I confirm that I have enclosed the following:

All Applicants

- The relevant Application Fee

Please Tick

All Applicants for Grant or Temporary Licence

- 6 Copies of Detailed Layout Plans of the Premises/Event Space

SECTION 11: AGENT

Read Note

Please Tick One Box Only

Is this application lodged by an Agent?

YES

NO

If you have answered 'Yes', please complete the sections below

Specify your capacity to act as an Agent :	Solicitor	<input type="checkbox"/>
	Accountant	<input type="checkbox"/>
	Business Consultant	<input type="checkbox"/>
	Other (Please Specify) _____	<input type="checkbox"/>

Full Name and Address of Agent

--

Post Town		Postcode	
-----------	--	----------	--

Phone No.		Fax No.	
-----------	--	---------	--

--	--

Email Address	
---------------	--

Contact Name	
--------------	--

SECTION 12: DECLARATION BY APPLICANT

I hereby make my application to Glasgow City Council and confirm that (a) the particulars given by me on this form are true to the best of my knowledge and belief; (b) I have read the attached guidance and notes; and (c) the appropriate fee is enclosed.

Only the Applicant or the Agent named in Section 10 can sign or amend this application form

SIGNATURE		DATE	
------------------	--	-------------	--

PLEASE NOTE:

Any person who in or in connection with the making of this application makes any statement which he knows to be false, or recklessly makes any statement which is false in a material particular, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level four on the standard scale.

NOTES

- A** The information which you provide on this form will be processed by Glasgow City Council (which is the “data controller” for purposes of the Data Protection Act 1988) in order to process your application for the attached licence. The Council is under an obligation to properly manage public funds. Accordingly, information that you have provided on this form may be used to prevent and detect fraud, and may also be shared for the same purposes with other public bodies or other organisations that handle public funds.
- B** If completing section 3 you must specify the legal status of your Business or Organisation.
- A sole trader is regarded as business owned by one person without any special legal structure.
 - If applying as a Limited Company you must provide your Company Registration Number.
 - If applying as a Charity please provide your Charity Registration Number in the Company Registration section.
- C** **All** current convictions, including road traffic and other fixed penalties, incurred in the UK and abroad must be declared. This applies to every individual named in Section 2, Section 3 and Section 4 of the application form.

If you are uncertain as to the details/dates of any crimes or offences you should contact Disclosure (Scotland), PO Box No 250, Glasgow, G2 4JS (Phone: 0870 609 6006). Alternatively you can also call at any police office and pick up the appropriate Data Protection Form, requesting ‘subject access’ to your record. There is a cost for this search.

FOR OFFICE USE ONLY

Date Lodged	Receipt No.	Plans Provided		
		YES	NO	
Current Licence No.	Expiry Date	Suspended		Prev. Refused
		YES	NO	YES NO
Date of Decision	Decision			Licence Issued