



## Application for the Grant/Renewal of a Public Entertainment Licence

### Each question must be answered

1. To be completed if an individual is making the application

Full Name	Surname		First Name	
Home Address (Including Postcode)				
Telephone Number				
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth	
National Insurance Number				
Is applicant to carry out day-to-day management of the activity  If NO, give full name, address and date of birth of any employee or agent so engaged	Yes/No			

2. To be completed if not a natural person (e.g. company or partnership)

Full Name	Surname		First Name	
Address (including Postcode) of Principal or Registered Office				
Telephone Number				



Name, Private Address, Dates of Birth of Directors, Partners or other Persons Responsible for its Management e.g. Office Bearer of a Committee	
Full Name, Address and Date and Place of Birth of Employee or Agent to carry on day-to-day management of the activity	

To be completed by all Applicants

Name (if any) and address of premises for which a licence is required (hereinafter called "the premises").	
Specify the kind(s) of public entertainment or recreation to be carried on in the premises	
Specify days and times when it is proposed the premises will be open for the purposes of the above kind(s) of public entertainment or recreation.	
Maximum number of persons proposed to be admitted to premises at any one time	

Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any **convictions or pending cases** against you and the person(s) named in Sections 2 and 3 above (continue on a separate sheet, if necessary). (If none, please state "NONE".)

Name	Date	Court	Offence	Sentence



Has any party named in 1 or 2 above previously held or does he currently have a Public Entertainment Licence	Yes/No
If Yes - when was the licence granted?	
When does it/did it expire	
Which authority granted the licence?	
What was its reference number?	
Has any party named in 1 or 2 above ever applied for and been refused a Public Entertainment Licence?	Yes/No
If Yes - when were you refused?	
Which authority refused you a licence?	
Who owns the premises? If the applicant is not the owner of the premises, please enclose written evidence of the Landlord's permission for use of the premises	
Amount of Public Liability Insurance	
Will car parking be provided at the premises?	Yes/No
Will the applicant be responsible for stewarding/management of staff?  If not, please give details of who will be responsible for this?	Yes/No
Do you have a Health and Safety/Risk Assessment Policy?  If yes, please enclose a copy with this application.	Yes/No



<p>Specify the first aid facilities to be provided on the premises.</p>	
<p>Do you have a plan of the premises?</p> <p>If so, please enclose a copy.</p> <p>If not, please prepare a plan of the premises showing details of the layout, emergency exits, toilets/washing facilities, catering facilities, seating, electrical equipment and lighting etc. We will contact you if we require further details.</p>	<p>Yes/No</p>
<p>Will special effects be used on the premises e.g lasers, fireworks and smoke machines?</p>	<p>Yes/No</p>
<p>will any plant and machinery be brought on site e.g. lorries, cranes etc?</p>	<p>Yes/No</p>
<p>Is specific provision being provided for those with disability?</p> <p>If so, please specify</p>	<p>Yes/No</p>
<p>Detail provisions in respect of catering.</p> <p>If franchised please give name and address of person responsible.</p>	
<p>Details of procedures for clearing refuse during and after events on the premises</p>	



\*(A) I/WE declare that I/we shall, for a period of 21 days commencing with date hereof, display at or near the premises so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2(3) of Schedule 1 of the Civic Government (Scotland) Act 1982.

OR

\*(B) I/WE declare that I am/we are unable to display a notice of this application at or near the premises because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely: -

but have been unable to acquire those rights.

(C) I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I enclose £.....in payment of the appropriate application fee.

Signature of Applicant or Agent

.....

Agent's Address .....

.....

Position of applicant in Company/Partnership if not otherwise stated

.....

Date .....

\* Delete (A) or (B) as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance with paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982.

N.B. 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 £2,500

Please return the completed form together with the relevant fee to:

**The Licensing Administrator  
Clackmannanshire Council  
Kilncraigs  
Alloa  
FK10 1EB**

*If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address [licensing@clacks.gov.uk](mailto:licensing@clacks.gov.uk)*