

ABERDEEN CITY LICENSING BOARD
APPLICATION FOR PREMISES LICENCE/PROVISIONAL PREMISES LICENCE*

*Delete as appropriate

Licensing (Scotland) Act 2005, section 20

APPLICANT INFORMATION Licensing (Scotland) Act 2005, section 20(1)

Question 1

Name, Address and postcode of premises to be licensed.

Question 2

Particulars of applicant

2(a) Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.

2(b) Where applicant is a partnership, please provide full name, and postal address of partnership.

2(c) Where applicant is a company, please provide name, registered office and company registration number.

2(d) Where applicant is a club or other body, please provide full name, and postal address of club or other body.

2(e) Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons. *

*** Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005**

For the text of section 147 (3) please go to www.aberdeencity.gov.uk/licensing

Question 3

Previous applications

3. Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises? YES/NO*

*If yes – provide full details

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Question 4

Previous convictions

4. Has the applicant or any connected person ever been convicted of a relevant or foreign offence (a)	YES/NO*
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*if YES - provide full details

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

Name & position (if applicable)	Date of conviction or sentence	Court	Offence	Penalty

(a) in addition to any conviction held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application

DESCRIPTION OF PREMISES Licensing (Scotland) Act 2005, section 20(2)(a)

Question 5

5. Description of premises (where application is submitted by a members' club, please also complete question 6)

Question 6

6. To be completed by members' clubs only

Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007?*	YES/NO*
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*Delete as appropriate

** for the text of Regulation 2 please go to www.aberdeencity.gov.uk/licensing

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

The contents of this Application are true to the best of my knowledge and belief.

Signature * (see note below)

Date

CapacityAPPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory

.....

Postal Address of Agent (if appropriate)

.....

.....

I have enclosed the relevant documents with this application – please tick the relevant boxes	
Operating plan	
Layout plan	
Planning certificate	
Building Standards certificate	
Food hygiene certificate	

*** Data Protection Act 1998**

The information on this form may be held on an electronic public register which may be available to members of the public on request.

<u>For use by the Licensing Board only</u>	
Application checklist	
Date received	
Fee amount	
Receipt number	
Received by (INITIALS)	
Consideration date	
Last date for consideration	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

<u>For use by the Licensing Board Only</u>	
If application is for a premises licence	
Documents required	
Operating plan	
Layout plan	
Planning certificate	
Building standards certificate	
Food hygiene certificate	

<u>For use by the Licensing Board Only</u>	
If application is for a provisional premises licence	
Documents required	
Provisional planning certificate	
Operating plan	
Layout plan	



ABERDEEN LICENSING BOARD

Why are we asking these questions?

The Licensing Board wishes to ensure that its services are available to everyone who lives in Aberdeen, including persons who have protected characteristics in terms of the Equality Act 2010. Relevant protected characteristics may be in relation to Age, Disability, Gender reassignment, Marriage and civil partnership, Race, Religion or belief, Sex or Sexual orientation.

This questionnaire helps us to see who is using the Board's services and where we may be required to act to ensure a wider range of people can access our services.

How will this information be used?

The information on this form will be confidential and anonymous. It will be stored and analysed separately from any other personal information you may give. Any information you provide on this form will be used by Aberdeen City Council for statistical reporting in connection with analysing service use, and will only be processed in accordance with the Data Protection Act 1998. The results will be published in such a way that individuals who have contributed to the survey cannot be identified.

The information will have no bearing whatsoever in respect of applications or other processes under the Licensing (Scotland) Act 2005 and shall be processed completely separately.

Do I have to give this information?

You do not have to fill this form in, but doing so will help us monitor and improve our services.

Questionnaire

1. What is your date of birth

2. Are you male or female? Please tick.

- Male
 Female

3. What is your ethnic group?

Choose ONE section from A to F, and then tick ONE box which best describes your ethnic group or background.

A: WHITE

- Scottish
 Other British
 Irish
 Gypsy/Traveller
 Polish

Other White ethnic group, please write in the box below

B: MIXED or MULTIPLE ETHNIC GROUPS

- Any mixed or multiple ethnic groups, please write in the box below

C: ASIAN, ASIAN SCOTTISH or ASIAN BRITISH

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Chinese, Chinese Scottish or Chinese British
 Other, please write in box below

D: AFRICAN

African, African Scottish or African British

Other, please write in the box below

E: CARRIBEAN OR BLACK

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other, please write in the box below

F: OTHER ETHNIC GROUP

Arab, Arab Scottish or Arab British

Other, please write in the box below

4. Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more

Yes

No

5. If the answer to question 4 is yes, does this condition or illness affect you in any of the following areas? Tick all that apply

Vision (for example blindness or partial sight)

Hearing (for example deafness or partial hearing)

Mobility (for example walking short distances or climbing stairs)

Dexterity (for example listing or carrying objects, using a keyboard)

Learning or understanding or concentrating

Memory

Stamina or breathing fatigue

Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's Syndrome)

Other, please specify below

6. What religion, religious denomination or body do you belong to?

- None
- Church of Scotland
- Roman Catholic
- Other Christian
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Pagan
- Another religion, please write in the box below

7. Which of the following best describes how you think of yourself?

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Transgender
- Other

Completed forms can be returned anonymously along with application forms (in a separate envelope if you wish) or separately to the address or email address below.

Aberdeen Licensing Board
Equalities and Human Rights
Corporate Governance
Aberdeen City Council
Business Hub 6
L1S Marischal College
Aberdeen
AB10 1AB

Email:
licensing@aberdeencity.gov.uk