



**Shetland Islands Council
Civic Government (Scotland) Act 1982
Section 41**

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION FOR A TEMPORARY PUBLIC ENTERTAINMENT LICENCE

(Event is less than 6 weeks)

NAME OF EVENT	
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BUSINESS/GROUP DETAILS

To be completed if Committee Member, Company or Partnership (if applying as an individual go to Applicant Details)

Full Name of Business/Group			
Address of Registered or Principal Office			
Postcode			
E-mail			
Telephone Number			
Nature of Business	Firm/Partnership	<input type="checkbox"/>	Charity No.
	Limited Company	<input type="checkbox"/>	
	Organisation	<input type="checkbox"/>	
	Registered Charity	<input type="checkbox"/>	

Please Complete details of **ALL** Directors, Partners, Committee Office Bearers or other persons responsible for the management of the business. Continue on a separate sheet if necessary

Full Name			
Home Address			
Postcode			
Date of Birth			
Place of Birth			
Position Held			
<hr/>			
Full Name			
Home Address			
Postcode			
Date of Birth			
Place of Birth			
Position Held			
<hr/>			
Full Name			
Home Address			
Postcode			
Date of Birth			
Place of Birth			
Position Held			

BUSINESS/GROUP DETAILS (continued)

To be completed if Committee Member, Company or Partnership

(if applying as an individual go to Applicant Details)

Full Name	
Home Address	
Postcode	
Date of Birth	
Place of Birth	
Position Held	
Full Name	
Home Address	
Postcode	
Date of Birth	
Place of Birth	
Position Held	
Full Name	
Home Address	
Postcode	
Date of Birth	
Place of Birth	
Position Held	

PERSON RESPONSIBLE FOR THE DAY TO DAY MANAGEMENT OF THE EVENT/ACTIVITY

Please complete these details

Full Name	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Email	
Date of Birth	
Place of Birth	

APPLICANT DETAILS (if applying for an individual or your details are not above)	
Full Name	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
E-mail	
Date of Birth	
Place of Birth	
Do you plan to carry out the day to day management of the entertainment?	YES/NO
If no, please complete the details below of the person responsible for the day to day management	
Full Name	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
E-mail	
Date of Birth	
Place of Birth	

CRIMINAL CONVICTIONS				
Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of any crime or offence? Please note that any foreign convictions should be declared. If no, please write none below.				
Name	Date	Court	Offence	Sentence

PREVIOUS LICENCE	
Have any persons named in this form held or does currently hold a Public Entertainment Licence?	YES/NO
If YES, when was the licence/permit granted?	
When did/does it expire?	
Which Authority granted the licence/permit?	
What was its reference number?	
Has any party named above ever applied for and been refused a Public Entertainment Licence?	YES/NO
If YES, when were they refused?	
Which Authority refused the licence?	

ENTERTAINMENT DETAILS																																	
Name of place/site and address of premises for which a licence is required.																																	
Tick kind(s) of public entertainment or recreation to be carried on at premises/site (give details in box opposite)	Please provide further details below such as type of stalls, food provision, etc.																																
Open air concert																																	
Display, including fireworks and bonfire displays																																	
Show, exhibition & sporting event, whether indoors or outdoors at which an audience may be present																																	
Fete, regatta or show with one or more marquees for the public (Fire Safety Checklist to be completed for Structures i.e. marquees/tents)																																	
Circus																																	
Fairground																																	
Outdoor events with inflatable bouncy castles or other inflatables present																																	
Snooker/billiard halls																																	
Dancing, discotheques and roller discos																																	
Ice rinks																																	
Amusement arcades																																	
Days of the week, date and the hours during each day when it is proposed the premises will be open for the purposes of the entertainment.		<table border="1"> <thead> <tr> <th>DAY</th> <th>DATE</th> <th colspan="2">HOURS BETWEEN</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saturday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sunday</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	DAY	DATE	HOURS BETWEEN		Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday		
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Maximum number of persons to be admitted to the premises/site/event at one time.																																	
Describe arrangements for monitoring the number of persons on the premises/site at one time?																																	

INSURANCE DETAILS	
Specify the public liability insurance which you have in force, giving details of the insurance company and amount of cover.	
NOTE: Please enclose the insurance certificate or other proof of insurance cover with the application	

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I hereby make application to Shetland Islands Council for the grant or renewal of a public entertainment licence.

Date	
Signature of applicant or agent	
Agents Address	

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.

Please confirm whether the following have been enclosed	Yes	No	N/A
Appropriate fee			
Plans			
Structural Design Certificate			
Fire Safety Checklist			
Electrical, Mechanical and/or Gas Certificate			
Health & Safety Statement and Risk Assessments			
Copy of Public Liability Insurance Certificate.			
Inflatable Test Certificate			
Inflatables Risk Assessment			

Data Protection:

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

This form is to be lodged with **Environmental Health, Old Anderson High School, Lovers Loan, Lerwick, Shetland, ZE1 0BA**. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.