



**Shetland Islands Council
Civic Government (Scotland) Act 1982
Section 42**

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION FOR GRANT/RENEWAL OF LICENCE TO ACT AS A LATE HOURS CATERER

APPLICANT DETAILS (IF SOLE TRADER)	
Full Name (including title)	
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 business?	YES/NO
If NO, please provide the Full Name, Private Address & Postcode, Contact number and Date of Birth & Place of Birth of the person responsible for the day to day management :	

APPLICATION DETAILS (IF A BUSINESS / COMPANY / PARTNERSHIP / GROUP)			
Full Name of Business/Partnership, etc			
Address of Registered or Principal Office			
Postcode			
E-mail			
Telephone Number			
Nature of Business	Firm/Partnership	Organisation /Group	
	Limited Company	Company Number:	

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	

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

Please provide the **Full Name, Private Address & Postcode, Contact number and Date of Birth & Place of Birth** of the person responsible for the day to day management :

Have all applicants been UK Resident/s for 10 years or more? YES/NO

If No, provide name/s of applicant/s:

N.B. if it appears to the licensing authority that the applicant may have been a UK resident for a continuous period of not less than 10 years then further enquiries will be made prior to processing the application.

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 Late Hours Catering Licence?

YES/NO

If YES, which Authority issued it?

What was the reference number?

LICENCE DETAILS

Type of Licence is being applied for:

Grant

Renewal

Days of the week and the hours during each day when it is proposed to act as a late hours caterer.

*Late Hours catering pertains to activities between 23:00 and 05:00. Hours of commencement should be 23:00 or after.

Include any specific days or events, e.g. Lerwick Up Helly Aa, New Year, etc

DAY	HOURS BETWEEN	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Nature of goods/services in which it is proposed to trade.	
Address of the premises where the goods will be stored when not being offered for sale.	
Food Business Address or Mobile Food Unit description/registration number in which or from which the catering is proposed to take place.	

SITE NOTICE
<p>(A) I/We declare that I/we shall, for a period of 21 days commencing with the date on which the application was received by the Council, display at or near the premises so that it can conveniently be read by the public a Site Notice complying with the requirements of Paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982.</p> <p>OR</p> <p>(B) I/We declare that I am/we are unable to display a Site 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:-</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>but have been unable to acquire those rights.</p> <p>Delete (A) or (B) as appropriate. Where declaration (A) is made a certificate of compliance in accordance with Paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982 must be produced in due course.</p>

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 late hours catering 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.

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.

Checklist prior to submission of Application Form	
Fee (Non- Refundable)	
Site Notice – (to be displayed at premises when application submitted)	
Site Notice – Certificate of Compliance is to be returned to this office 21 days after date displayed	

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.