

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		
BUSINESS/GROUP DETAILS		
To be completed if Committee Member, Compa	ny or Partnership	
Full Name of Business/Group		
Address of Registered or Principal Office		
Postcode		
E-mail		
Telephone Number		
Nature of Business	Firm/Partnership Limited Company Organisation	
	Registered Charity	Charity No.
Please Complete details of ALL Directors, management of the business. Continue on a s		Bearers or other persons responsible for the
Full Name		
Home Address		
Postcode		
Date of Birth		
Place of Birth		
Position Held		
Full Name		
Home Address		
Destanda		
Postcode		
Date of Birth		
Place of Birth		
Position Held		
Full Name		
Home Address		
Postcode		
Date of Birth		
Place of Birth		
Position Held		

BUSINESS/GROUP DETAILS (continue	d)
To be completed if Committee Member, Compa	ny or Partnership
Full Nome	
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		

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 carrie	ed on at premises/site:

Open air concert	Fairground	
Display, including fireworks and bonfire displays	Outdoor events with inflatable bouncy castles or other inflatables present	
Show, exhibition & sporting event, whether indoors or outdoors at which an audience may be present	Snooker/billiard halls	
Fete, regatta or show with one or more marquees for the public	Dancing, discotheques and roller discos	
(Fire Safety Checklist to be completed for Structures i.e. marquees/tents)	Ice rinks	
Circus	Amusement arcades	

Provide further details below; type of stalls, food provision, number of tents/marquees and activities etc. (use an additional sheet if necessary)

Days, dates and the hours when it is proposed the premises will be open.	DAY	DATE	HOURS BETWEEN
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
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 cover for the event, giving details of the insurance company and amount of cover provided.	
NOTE: Please enclose the insurance certificate or other pro	of of insurance cover with the application (i.e. bouncy

castle) 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	

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			
Raised Structure Permit (eg. for stage over 600mm high)			
Fire Safety Checklist			
Electrical, Mechanical and/or Gas Certificate			
Health & Safety Statement and Risk Assessments			
Copy of Public Liability Insurance Certificate.			
Inflatable Test Certificate (PIPA or equivalent)			
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 submitted to Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ. 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.