

ABERDEEN CITY LICENSING BOARD
APPLICATION FOR CONFIRMATION OF A PROVISIONAL
PREMISES LICENCE

Licensing (Scotland) Act 2005, section 46

APPLICANT INFORMATION

Question 1

Name, address and postcode of premises in respect of which the Provisional Premises Licence is held:

Question 2

Particulars of applicant

Name, address including postcode, email address, mobile and telephone numbers of applicant.

Question 3

Date of issue of Provisional Premises Licence:

Question 4

4 (a) Please give a date and time when an inspection may be carried out, if deemed necessary.

4 (b) Please state when it is intended that the premises are to open to the public

Question 5

Premises Manager

5(a) Name

5 (b) Date of birth

5 (c) Contact address

5(d) Email address

5 (e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

Question 6

Have any changes been made to the layout plan or operating plan? **Yes:** **No:**

If yes, please provide details

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

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

I confirm that 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)

.....

.....

Please note that the Licensing Standards Officers will be arranging a visit to your premises in early course to establish a working relationship and ensure compliance with licensing conditions.

I have enclosed the relevant documents with this application – please tick the relevant boxes	
Provisional Premises Licence including the Operating plan and Layout plan and Summary	
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)	
Provisional Premises Licence	
Planning Certificate	
Building Standards Certificate	
Food Hygiene Certificate	



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