

**CINEMAS ACT 1985**

**LICENSING OF CINEMAS**

# APPLICATION FOR GRANT OR RENEWAL *(delete as appropriate)*

# OF A CINEMA LICENCE

**Note:** Each of these questions must be answered. It is a criminal offence to make any statement which you know to be false or recklessly to make any statement which is materially false.

**1. Please give the name and address of Cinema**

**Name:**

**Address:**

**Postcode:**

**Please give a telephone number where we can contact you:**

**2. Please give full name, designation and home address of Applicant.**

**Full Name:**

**Home Address:**

**Postcode:**

**Date and Place of Birth**

**Please give a telephone number where we can contact you:**

3. In whose name(s) is the licence to be granted (individual, company or partnership)

**Name Address Bus.Hours Tel.No.**

**Date and Place of Birth**

**Designation:**

**4. State whether applicant is the Owner, Lessee, Director, Secretary, actual Manager, etc of premises. (If Manager, state for whom)**

5. State names and addresses of the occupier or tenant of the premises and his factor/agent, if not the applicant.

**Name Address Bus.Hours Tel.No.**

**Date and Place of Birth**

**6. State period not exceeding one year for which the licence is desired.**

**7. State whether any entertainments, other than cinematograph exhibitions, are to be given in the premises.**

**8. Is it intended to use cinematograph apparatus? If not, describe the apparatus to be used.**

**Type Year of Manufacture**

**Any Other Relevant Information**

**9. State whether the premises are Permanent or Moveable?**

**10. What type of licence are you applying for? (Tick one only)**

**GRANT of a new CINEMA licence**

**RENEWAL of existing CINEMA licence**

**I declare that the particulars given by me on this application form are true. I authorise Dumfries and Galloway Council to make such enquiries with the police and others as the Council consider appropriate.**

**Signature ……..........................................……………**

**Address ………………………………………………….**

**………………………………………………….**

**Position of applicant in Company/**

**Partnership if not otherwise stated .………………………………………………….**

**Date ……..............................................…………**

**9. Now please return the form to:**

**Licensing, Dumfries and Galloway Council**

**Kirkbank House, English Street, Dumfries DG1 2HS**

**🕿 01387 245922**

**with the following:**

**the appropriate fee of**

Grant/Renewal of licence for 1 year - £366 Grant/Renewal of licence for less than 1 year - £90 per month (maximum

£366)

Transfer of a Licence - £120

**the Certificate of Inspection of Ceilings, as referred to in the**

**Cinematograph (Safety) (Scotland) Regulations 1955, as amended**

**(required every 5 years)**

**Current Annual Certificate of Inspection of Electrical Installations, as referred to in the Cinematograph (Safety) (Scotland) Regulations 1955, as amended**