**CINEMAS ACT 1985**

**LICENSING OF CINEMAS**

**APPLICATION FOR GRANT OR RENEWAL OF A CINEMA LICENCE**

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| All questions must be answered unless otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the applicant.  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. | | | | | | | | | | | | | | | | |
| **SECTION 1: TYPE OF LICENCE** | | | | | | | | | | | | | | | | |
| **1.1** Specify the type of licence you are applying for | | | | | | | | | | | | | | | | |
|  | | | | | Please tick one box only | | | | | | | | | | | |
| Grant | | | | | 1 year licence o  Less than 1 year licence o | | | | | | | | | | | |
| Renewal | | | | | o | | | | | | | | | | | |
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| **SECTION 2: APPLICANT/LICENCE HOLDER DETAILS** | | | | | | | | | | | | | | | | |
| **2.1** Is the applicant: | | | | | | | | | | | | | | | | |
|  | | | | | **Please tick one box only** | | | | | | | | | | | |
| An individual | | | | | o please answer question 2.2 only | | | | | | | | | | | |
| A company or other corporate body | | | | | o please answer questions 2.3 to 2.5 only | | | | | | | | | | | |
| A Partnership | | | | | o please answer questions 2.6 to 2.8 only  (a copy of the official partnership agreement must accompany this application) | | | | | | | | | | | |
| **All applicants must then complete Section 3-5** | | | | | | | | | | | | | | | | |
| * 1. Individual applicant | | | | | | | | | | | | | | | | |
| Title | Surname | | | | | First Name(s) | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | |
| Date of birth | | |  | | | Place of birth | | | | | | |  | | | |
| Home address (including postcode) | | | | | |  | | | | | | | | | | |
| Contact Telephone No: | | | | | | Email address | | | | | | | | | | |
| Home:-  Mobile:- | | | | | |  | | | | | | | | | | |
| **2.3** Company or other corporate body applicant | | | | | | | | | | | | | | | | |
| Name of company/corporate body | | | | | | | | | | | | | | | | |
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| Address of registered/principal office (including postcode) | | | | | | | | | | | | | | | | |
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| Registered company number | | | | | |  | | | | | | | | | | |
| If the company is not on the register of companies, please confirm the legal status/entity of the company | | | | | |  | | | | | | | | | | |
| Contact Telephone No: | | | | | | Email address | | | | | | | | | | |
| Office:-  Mobile:- | | | | | |  | | | | | | | | | | |
| **2.4** Please state full name, home address, date of birth and place of birth and email address of all directors (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | Date of Birth | | | Place of Birth | | | | Email address | |
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| **2.5** Does the applicant carry out day-to-day management of the business? | | | | | | | | | | | | | | | | |
| Yes o | | | | | | | | | | No o (Please provide further details below of anyone responsible for the day to day management of the business) | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | |
| Full Name | | Address | | | | | | | | Date of Birth | | Place of Birth | | | | |
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| Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | Date of Birth | | | | | Place of Birth | | |
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| **2.6** Name of the Partnership | | | | | | | | | | | | | | | | |
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| Registered address of Partnership (including postcode) | | | | | | | | | | | | | | | | |
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| Contact Telephone No: | | | | | | Email address | | | | | | | | | | |
| Home/Office:-  Mobile:- | | | | | |  | | | | | | | | | | |
| You **must** enclose a copy of the formal partnership agreement | | | | | | Copy enclosed  Yes o No o | | | | | | | | | | |
| **2.7** Please state full name, home address, date of birth, place of birth and email address of all partners (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | Date of Birth | | | | Place of Birth | | | | | Email address |
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| **2.8** Are there any other persons responsible for the management of the business other than those stated in question 2.7? | | | | | | | | | | | | | | | | |
| Yes o (Please provide further details below) | | | | | | | | | | No o | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | |
| Full Name | | Address | | | | | | | | Date of Birth | | Place of Birth | | | | |
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| Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | Date of Birth | | | | | Place of Birth | | |
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| **SECTION 3: LICENCE DETAILS** | |
| Name of the Cinema | |
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| Address of the Cinema (including postcode) | |
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| Do you have consent to occupy the premises for which this application relates | Yes o No o |
| Are the premises permanent or moveable? |  |
| Is there any other entertainment, other than cinematograph exhibitions, to be provided in the premises? |  |
| Is it intended to use cinematograph apparatus | Yes o No o |
| Please provide further information:- | Type:-  Year of manufacture:-  Any other relevant information |

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| **SECTION 4: HOURS OF OPERATION** | | |
| **Day** | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

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| **SECTION 5: CRIMINAL CONVICTIONS** | | | | | |
| Have you or any other person named in this application ever been convicted of any crime or offence (subject to the terms of the Rehabilitation of Offenders Act 1974)? | | Yes o  (please detail any convictions below – continue on a separate sheet if necessary) | | | No o |
| Failure to disclose these matters is a criminal offence. If you are unsure of your convictions, a certified copy may be applied for from Police Scotland, Police Station, Loreburn Street, Dumfries (a fee may apply). | | | | | |
| Date | Court | | Offence | Sentence | |
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| **SECTION 6: CHECKLIST AND ENCLOSURES** | |
| I confirm that I have enclosed the following: (please tick) | |
| * The relevant application fee (not refundable) – payment can be made by credit/debit card once your application has been received and checked by the Licensing Service   Grant/Renewal of licence for 1 year - £421  Grant/Renewal of licence for less than 1 year - £104 per month (maximum £600) | o |
| * A Certificate of Inspection of Ceilings, as referred to in the Cinematograph (Safety) (Scotland) Regulations 1955, as amended – this is required every 5 years.   **The certificate must be completed and signed by a chartered surveyor, chartered engineer or chartered architect and provide details of their qualifications/experience.** | o |
| * A current Annual Certificate of Inspection of Electrical Installations, as referred to in the Cinematograph (Safety) (Scotland) Regulations 1955, as amended   **This certificate must be completed and signed by a qualified electrician, approved by either SELECT, NICEIC or NAPITf** | o |
| I have read and agree to the privacy notice found at [www.dumgal.gov.uk/privacy](http://www.dumgal.gov.uk/privacy) | o |

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| **SECTION 7: DECLARATION AND SIGNATURES** | |
| I declare that   1. the particulars given by me on this application form are true; 2. I authorise Dumfries and Galloway Council to make such enquiries with Police Scotland, Scottish Fire and Rescue Service, Environmental Health, Planning, Building Standards and other agencies as the Council considers appropriate. 3. the premises comply with the current regulations under the Cinemas Act 1985   4) I will conduct a full independent fire risk assessment before commencement of the licence  This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see <https://www.dumgal.gov.uk/fairprocessing> | |
|  | |
| Signature of applicant or agent. If signing on behalf of the applicant, please state in what capacity | |
| Signature |  |
| Date |  |
| Capacity |  |
| Contact Telephone number |  |
| Email |  |

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| **SECTION 8: NOTES** |
| Completed application forms should be returned to [licensing@dumgal.gov.uk](mailto:licensing@dumgal.gov.uk) |
| Payment can be made by debit or credit card. You will be contacted for payment once your application has been checked and accepted as final. Please provide the most appropriate telephone number for the payment:- |
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