**CIVIC GOVERNMENT (SCOTLAND) ACT 1982: SECTION 41**

**APPLICATION FOR GRANT, RENEWAL OR MATERIAL CHANGE OF CIRCUMSTANCES FOR PUBLIC ENTERTAINMENT LICENCE – PART A**

|  |
| --- |
| 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 | 🞏 |
| Renewal | 🞏 |
| Temporary (1-7 days) | 🞏 |
| Temporary (8 days – 6 weeks) | 🞏 |
| Material change of circumstances (to a current licence) | 🞏 |
| If the application is for a material change of circumstances, please detail clearly, the nature of the variation:-  |
|  |
| **SECTION 2: APPLICANT/LICENCE HOLDER DETAILS**  |
| **2.1** Is the applicant: |
|  | **Please tick one box only** |
| An individual  | 🞏 please answer questions 2.2 and 2.3 only |
| A company, organisation or other corporate body | 🞏 please answer questions 2.4 to 2.6 only  |
| A Partnership | 🞏 please answer questions 2.7 to 2.9 only (a copy of the official partnership agreement must accompany this application) |
| **All applicants must then complete all remaining sections of the form** |
| * 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** Does the applicant carry out day-to-day management of the premises? |
| Yes 🞏  | No 🞏 (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 |
|  |  |  |  |
|  |  |  |  |
| **2.4** Company, organisation or other corporate body applicant  |
| Name of company/organisation/corporate body  |
|  |
| Address of registered/principal office (including postcode)  |
|  |
| Registered company/organisation 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:-  |  |
| **2.5** Please state full name, home address, date of birth and place of birth and email address of all directors/board members/office bearers etc (continue on a separate sheet if necessary |
| Full Name | Home Address | Date of Birth | Place of Birth  | Email address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **2.6** 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 |
|  |  |  |  |
| **2.7** Name of the Partnership |
|  |
| Registered address of Partnership (including postcode)  |
|  |
| Contact Telephone No: | Email address |
| Home/Office:-Mobile:-  |  |
| You **must** enclose a copy of the formal partnership agreement | Copy enclosed Yes 🞏 No 🞏 |
| **2.8** 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **2.9** 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 |
|  |  |  |  |
| **SECTION 3: 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 🞏(please detail any convictions below – continue on a separate sheet if necessary)  | No 🞏 |
| 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CIVIC GOVERNMENT (SCOTLAND) ACT 1982: SECTION 41**

**APPLICATION FOR GRANT, RENEWAL OR MATERIAL CHANGE OF CIRCUMSTANCES FOR PUBLIC ENTERTAINMENT LICENCE – PART B**

|  |
| --- |
| **SECTION 1: EVENT DETAILS**  |
| Name and address of the site to be licensed (consent required from landowner) |
|  |
| Date/s of music event/festival |  |
| Audience capacity  |  |
| Number of staff  |  |
| Number of those who are stewards  |  |
| Are you intending having any special effects? E.g. fireworks or other pyrotechnics. If yes, please give details (should you wish to have a firework display after 11pm, you would require to obtain a dispensation)  |  |

|  |
| --- |
| **SECTION 2: DAYS/HOURS OF MUSIC EVENT/FESTIVAL** |
| **Day** | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |
| --- |
| **SECTION 3: PLANS**  |
| (a) A site plan at a preferable scale of 1-500 must be provided showing all of the relevant details listed in guidance note 3.1(b) Floor plans must be provided of all buildings including temporary structures to which the Public have access. These should be at a preferable scale of 1-50 and show the relevant details listed in guidance note 3.1 |

|  |
| --- |
| **SECTION 4: ACCESS (See Guidance Note 3.2)** |
| 1. Is car parking provided within 45m of the licensed area
 | **YES/NO** |
| 1. If yes, are disabled car parking spaces provided?

These should be clearly designated and provided in a ratio of 1 per 20 of the total spaces provided | **YES/NO** |
| 1. Is the access route from the car park to the licensed area suitable for wheelchair users and ambulant disabled persons?

If the surface is not level or ramped, or if the car park is more than 45m from the licensed area, then consideration should be given to permit disabled car parking nearer or within the licensed area | **YES/NO** |
| 1. Has consideration for emergency vehicle access been incorporated into the site layout?
 | **YES/NO** |
| 1. Provision should be made for Traffic Management. A Traffic Management Plan has been incorporated within the Event Safety Management Plan
 | **YES/NO** |

|  |
| --- |
| **SECTION 5: BUILDINGS (including temporary structures/tents/marquees)** |
| (a) Will the event involve the use of temporary or permanent buildings or structures (including tented Structures)? | **YES/NO** |
| If yes, please provide the information for each building or structure on Table 1 below and identify the location of each on the site plan |
| (b) Emergency Exits – Are all the applicable requirements imposed by Guidance Note 3.3 being complied with (Provide details on Table 1) | **YES/NO** |
| (c) Emergency Lighting – Are all the applicable requirements imposed byGuidance note 3.4 being complied with (Provide details on Table 1) | **YES/NO** |

**TABLE 1 - DETAILS OF BUILDINGS/TEMPORARY STRUCTURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and description of building/****temporary structure** | **Size** | **Capacity** | **No of entrances/****exits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\* CONTINUE ON A SEPARATE SHEET IF NECESSARY**

|  |
| --- |
| **SECTION 6: ADDITIONAL REQUIREMENTS FOR TEMPORARY/TENTED BUILDINGS** |
| (a) Has a Structural Engineer’s design certificate been provided for temporary buildings?If yes please supply a copy (Note – Certain types of marquee i.e. those less than 30m2 in floor area, may not require a structural design certificate) | **YES/NO** |
| (b) In the absence of a Structural Design Certificate the Council will require to verify the competency of the Marquee erector. Please supply their name and address. |  |
| (c) Has the Temporary building been designed using a maximum wind loading of not less than 54m/s?If No, careful monitoring of weather conditions will require to be made and strict evacuation and dismantling procedures put in place. A written statement from the building erector must confirm the safe dismantling time. | **YES/NO** |
| **Tented Structures (see Guidance Note 3.6) Requirements Under British Standard 7837:1996)** |
| (d) Does the fabric meet the appropriate level of performance in its behaviour in fire? | **YES/NO** |
| (e) Does the fabric have a valid test certificate? If Yes please supply a copy, if no the fabric must be coated with a fire retardant material and certified as compliant | **YES/NO** |

|  |
| --- |
| **SECTION 7: STADIUMS/GRANDSTANDS/STAGES ETC**  |
| 1. Are temporary raised platforms or other structures used for seating, staging, lighting, sound equipment etc. to be provided?

**If yes and the stage/structure is 30m2 or bigger or more than 600mm in height, please contact Building Standards at buildingstandards@dumgal.gov.uk** | **YES/NO** |

|  |
| --- |
| **SECTION 8: MEANS OF FIREFIGHTING (See Guidance Note 3.7)** |
| 1. Are all the applicable requirements imposed by Guidance Note 3.7 being complied with?
 | **YES/NO** |
| (b) Please list below details of fire fighting equipment available in and around the licensed area |
| Type of equipment | Number/Size | Location | Is equipment regularly maintained |
|  |  |  |  |
| **SECTION 9: NATURE AND QUANTITY OF ANY EXPLOSIVE OR HIGHLY FLAMMABLE MATERIALS STORED OR USED IN OR AROUND THE STRUCTURE e.g. FUELS FOR HEATING, LIGHTING AND COOKING, FIREWORKS OR PYROTECHNICS** |
| Material | Quantity | Location and use | Method of storage |
|  |  |  |  |

|  |
| --- |
| **SECTION 10: MEANS FOR GIVING WARNING (see Guidance Note 3.8)**  |
| 1. Are all the applicable requirements imposed by Guidance Note 3.8 being complied with?
 | **YES/NO** |
| (b) What provision is made for giving warning in case of fire? |  |
| (c) What provision has been made for Public address arrangements? |  |
| (d) What provision is made for contacting the Emergency Services?  |  |

|  |
| --- |
| **SECTION 11: STEWARDS (see Guidance Note 3.10 Stewards)**  |
| (a) Are all the applicable requirements of guidance note 3.10 being complied with? | **YES/NO** |
| (b) Number of stewards provided |  |
| 1. Please provide the name and address of any company employed/engaged to provide stewards
 |  |

|  |
| --- |
| **SECTION 12: SANITARY FACILITIES (see Guidance Note 3.11)**  |
| (a) Please confirm the number of Male, Female and disabled sanitary facilities provided | Male | Female | Disabled |
|  |  |  |
| **Please show the location of these facilities on the site/floor plan. Please note that on large sites there may be a need to provide these in more than one location.**  |

|  |
| --- |
| **SECTION 13: ELECTRICAL, MECHANICAL AND GAS SAFETY CERTIFICATE (see Guidance Note 3.12)**  |
| (a) Does this application relate to premises with a fixed electrical installation? | **YES/NO** |
| (b) Will the event require provision of a temporary electrical installation? | **YES/NO** |
| (c) Are there any pressure vessels, lifts or other mechanical equipment used on the premises which require statutory certification? | **YES/NO** |
| (d) Are any gas appliances used at the premises? | **YES/NO** |
| **If the answer to any question in this section is yes please provide copies of the appropriate certificates as described in guidance note 3.12** |

|  |
| --- |
| **SECTION 14: FIRST AID ARRANGEMENTS (see Guidance Note 3.13)**  |
| Please provide details of First Aid arrangements e.g. name of first aid provider, number of first aiders, accreditation etc |  |

|  |
| --- |
| **SECTION 15: ENVIRONMENTAL ISSUES**  |
| Please provide details of the following where applicable:- |
| 1. Person responsible for noise management
 |  |
| 1. Arrangements for water supply and sewage disposal
 |  |
| 1. Arrangements for collecting and disposing of refuse
 |  |
| 1. Number of catering facilities at the event (NB please ensure each Food Business Operator completes the relevant form
 |  |

|  |
| --- |
| **SECTION 16: MANAGEMENT OF HEALTH AND SAFETY (see Guidance Note 3.14)**  |
| 1. Have all applicable requirements of guidance note 3.14 been complied with?
 | **YES/NO** |
| **Please enclose a copy of your written statement and risk assessment(s)** |

|  |
| --- |
| **SECTION 17: FAIRGROUND RIDES**  |
| Will the event involve the use of fairground rides or similar equipment? | **YES/NO**If yes, please complete the undernoted |
| Total number of rides to be operated at the site  |  |
| Detail below the names of the rides and the operator – the name of the ride should mirror the details contained within the insurance document and declaration of operational compliance document (DOC). All insurance documents and DOCs should be lodged with this application. The only insurance and DOCs that do not need to be lodged at this time are those that are requiring to be renewed during the period between submitting the application and the licence being granted. The absolute cut off for lodging documentation and also for adding/removing rides that is outwith your control, will be 7 days before the start of the fair.  There can be no changes thereafter and any documentation not received in respect of rides, will not be included within the licence, unless there are exceptional circumstances. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Ride** | **Operator Name** | **Insurance document attached** | **Declaration of Operational Compliance attached** |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
|  |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| 10. |  |  | Y 🞏 N 🞏 | Y 🞏 N 🞏 |

|  |
| --- |
| **SECTION 18: CHECKLIST AND ENCLOSURES**  |
| I confirm that I have enclosed the following: (please tick)  |
| * The relevant application fee (see table below)

(please note this fee is non-refundable) | 🞏 |
| * Copy of public liability insurance certificate showing cover for not less than £10 million
 | 🞏 |
| * Event Safety Management Plan (which should incorporate the following)
* Event risk assessment
* Crown management plan
* Transport management plan
* Emergency Plan
* First Aid plan
* Communications plan
* Procedure for dealing with waste/refuse
* Noise management plan (detailing expected noise levels at source and the impact that may have at nearby noise sensitive properties, any actions implemented to mitigate noise nuisance)
* Plans – showing location and fully detailed layout plan delineating clearly, the area to be licensed and location of all structures
 | 🞏 |
| Structural design certificate (for temporary structures) |  |
| Fire test certificate |  |
| Electrical, Mechanical or Gas certificates  |  |
| Firework displays:- Event risk assessment (for Health and Safety) Site Plan showing fall-out, firing, safety, spectator and bonfire areas.Procedure for dealing with waste/refuse Emergency plan including arrangements for evacuation and putting out small fires Dispensation application if applicable (for displays after 11pm)  |  |
| Drugs Policy. Specific matters to be covered:- * Identifying risks posed by the event
* Proposed strategies and actions for reducing risk
* Identifying who is responsible for each action
* A performance framework in place to measure effectiveness

Reference to substances as referred to in schedules 1 to 5 of the Misuse of Drugs Act 1971 and New Psychoactive Substances (NPS) often referred to as ‘legal highs’.  |  |
| Alcohol Management Policy. Specific matters to be covered:- * Identifying risks posed by the event
* Proposed strategies and actions for reducing risk
* Identifying who is responsible for each action

A performance framework in place to measure effectiveness |  |
| Search Policy. Specific matters to be covered:-* Identifying risks posed by the event
* Proposed strategies and actions for reducing risk
* Identifying who is responsible for each action
* A performance framework in place to measure effectiveness
* Which items will prohibited to be brought into the area covered by the Public Entertainment Licence, such as smoke bombs, flares, fireworks, new psychoactive substances, pyrotechnic devices and alcohol.
 |  |
| Eviction Policy  |  |
| Food Business Operators Form/s for each trader – Appendix 1 |  |
| Traders Form/s for each trader – Appendix 2 |  |
| Animal Notification Form – Appendix 3  |  |
| I have read and agree to the privacy notice found at [www.dumgal.gov.uk/privacy](http://www.dumgal.gov.uk/privacy) | 🞏 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Duration of Licence* | *Cost* *£* | *Charitable or Community Event -* *50 % Reduction £* | *Anticipated Attendance per day* *500-1000*25% Increase*£* | *Anticipated Attendance**per day**1001- 3000**50% Increase**£* | *Anticipated Attendance**Per day**Over 3000 100 % Increase**£* |
| 3 year | 2233 | 1117 | 2791 | 3350 | 4466 |
| 1-7 days | 1103 | 552 | 1379 | 1655 | 2206 |
| 8days – 6 weeks | 1324 | 662 | 1655 | 1986 | 2648 |

NB All percentage increases are based on the cost of the basic licence as indicated above. To obtain the 50% reduction for charitable or community events the application must be on behalf of a charitable or voluntary organisation and the operation must not be for commercial gain.

Other Fees

Community Based Free Events - £58

Consent to a Material Change of Circumstance – 30% of Grant / Renewal Fee
Notification of a Material Change of Circumstance – 20%
Issue of a Duplicate Licence – 10%
Certified True Copy of Licence – 10%

|  |
| --- |
| **SECTION 19: 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, Roads Service and other agencies as the Council considers appropriate.

3) In respect of an application other than for a temporary licence, you must display a site notice at or nearby the premises so that it can be conveniently read by the public beginning on the date your application is submitted and received as completed. That notice will contain such information as is required by paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982 or you must confirm that you are unable to display the notice and provide reasons below (a). As soon as possible after the notice has been displayed for the required dates, you must confirm that the notice has been displayed in accordance with the statutory requirements. There is a section within the site Notice that allows you to confirm the statutory display. **FOR THE AVOIDANCE OF DOUBT, THE SITE NOTICE DOES NOT ACCOMPANY THIS APPLICATION FORM – IT WILL BE FORWARDED TO YOU BY THE LICENSING SERVICE FOR DISPLAY ONCE YOUR FORM HAS BEEN CHECKED AND PAYMENT TAKEN.**a) I am/we are unable to display a notice of this application at or near the premises because:-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 |  |

|  |
| --- |
| **SECTION 20: NOTES** |
| Completed application forms should be returned to 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:-  |

Appendix 1



**Licensing of Public Entertainment - Outdoor Music Event**

(NB. This forms part of the application and is to be completed by **all** Food Business Operators (FBO) and submitted **with** application)

|  |
| --- |
| **Event:****Date of Event:** |

|  |  |
| --- | --- |
| **Name of Food Business Operator (FBO):** |  |
| **Name of Food Business:** |  |
| **Address:**  |  |
| **Email address for FBO** |  |
| **Contact telephone number for FBO**  |  |
| **Type of food handled/prepared/sold** |  |
| **Is the FBO registered with a local authority as a food business?** **Provide name and address of Local Authority:**  | **Yes/No** |
| **Does the Food Business activity hold a Pass or Improvement Required Certificate issued from their Local Authority?****Please provide a copy of the certificate application.** | **Yes/No** |
| **Does the FBO have a documented food safety management system based on HACCP?** **Copies of the documented system must be submitted with this form (Electronic version is acceptable)** | **Yes/No** |
| **Does the FBO have Staff Training records and copies of training certificates?****Copies of Certification, if available, must be submitted with this form** | **Yes/No** |
| **Provide details of sanitising chemicals used, if you are preparing raw and ready to eat food** |  |
| **Does the chemical meet British Standard 1276 or 13679?****Evidence of compliance must be available for inspection on day(s) of event e.g. on label or in letter from manufacturer** |  |
| **Is the Water to be used, at the event, from a Private Water Supply?** | Yes/No |
| **If yes provide details of the source of the supply and method of treatment?** |  |
| **Provide details of Gas Safe Inspection Testing / Pressure Testing / Electrical Testing (if applicable).****Copies of the Certificates of testing must be submitted with this form.** |  |

Before signing this document, verify that the content you are signing is correct.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |
| Position in Food Business |  |

**Appendix 2**

**Licensing of Public Entertainment**

Outdoor Music Event

(NB. Kindly complete in full and submit with the application)

**Event:**

**Date of Event:**

**Traders Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trader Name** | **Trader Address** | **Contact number & email address**  | **Type of Goods for Sale** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Appendix 3**

**Licensing of Public Entertainment**

**Outdoor Music Event**

**(NB. This forms part of the application and is to be completed in full and submitted with the application)**

**Event:**

**Date of Event:**

**Please provide details of any animals attending or performing at the event**

|  |  |  |
| --- | --- | --- |
| **Type of Animal**  | **Numbers of animals performing or in attendance**  | **Performing****Yes/No** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |