

**MARRIAGE (APPROVAL OF PLACES) REGULATIONS 2002
APPLICATION FOR APPROVAL AS AN APPROVED PLACE
FOR CIVIL MARRIAGE**

Applicant's Details - COMPLETE EITHER QUESTION 1 OR 2 AND ALL OTHER QUESTIONS			
Q1. To be completed if applicant is an individual			
a. Full name	<u>Surname(s)</u> (including any maiden name)		<u>Forename(s)</u>
b. Home address	Postcode:		
c. Telephone No.	<u>Home</u>	<u>Mobile</u>	
d. E-mail address			
e. Age, date & place of birth	Age	Date of Birth	Place of Birth
Q2. To be completed if applicant is a Company or Partnership			
a. Full name of Company/Partnership	Company <input type="checkbox"/> or Partnership <input type="checkbox"/> Name:		
b. Address of Principal or Registered Office	Postcode:		
c. Telephone No.			
d. Email address			
e. Full name, home address, date and place of birth of employee or agent who is to carry out day-to-day-management			
Name	Address	Date of Birth	Place of Birth
f. Are you the occupier of the place?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no please give name(s) and address(es) of occupier.		

Q4. Place for Approval		
a. (i) Type of approval	Period Approval (3 years) <input type="checkbox"/>	Temporary Approval (1 day) <input type="checkbox"/>
(ii) if the application is for temporary approval, please specify date required and time	Date:	
	Time:	
b. Name and address of premise(s) to be licensed.	Name:	
	Address:	
	Postcode:	
c. Telephone No. of premises		
d. Please describe the nature of the place (e.g. hotel, stately home, Civic accommodation) and the primary and other uses to which it is regularly put		
Q5. Other Certificates and/or Licences		
a. Fire Please state the maximum number of people permitted at the place under any risk assessment carried out. PLEASE ATTACH A COPY OF THE FIRE RISK ASSESSMENT IF PLACE/PREMISES DO NOT HOLD A LIQUOR OR PUBLIC ENTERTAINMENT LICENCE		
b. Liquor Is there a current liquor licence in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Public Entertainment Licence Is there a current public entertainment licence in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes what is the expiry date?	
Check List		
I have enclosed		
a) a copy of fire risk assessment in respect of the place for which approval is sought. (This is not a requirement for liquor or public entertainment licensed premises).	<input type="checkbox"/>	
b) the appropriate fee	<input type="checkbox"/>	
c) 5 copies of a plan of the place (for period approval – 3yrs) (This is not a requirement for liquor or public entertainment licensed premises)	<input type="checkbox"/>	
OR		
a full written description of the place (for temporary approval -1 day)	<input type="checkbox"/>	
Declarations		
I understand that –		
a) the place may be inspected for suitability before approval is granted and, if this application is successful, may be subject to subsequent inspection;		
b) approval, if granted, will not exceed a three year period, subject to revocation,		

- suspension or variation;
- c) the place must satisfy the Chief Fire Officer and/or the Local Authority on fire precautions and health and safety provisions as appropriate.
- d) a temporary approval shall endure for 1 day only and,
- e) If successful the applicant will be the holder of the approval.

I declare that -

- a) I have read and understood the information contained in this form and accompanying documentation
- b) the place has no recent or continuing religious connection;
- c) I have obtained any necessary permission regarding use of and access to the place; and
- d) if approval is granted, I will comply with the standard conditions and any local conditions attached to that grant of approval.

Date: _____ Signature of Applicant or Agent: _____

Applicant/Agent's Address, Telephone Number and email address:

NB Any Person who in connection with the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material particular may be guilty of an offence.

OFFICE USE ONLY

Date Received:	Fee Paid:	Receipt No:
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Forms should be returned to the Office of the City Solicitor, Resources Management, Aberdeen City Council, Ground Floor, Town House, Broad Street, Aberdeen, AB10 1QA. Cheques should be made payable to Aberdeen City Council. For assistance in completing the form, please telephone (01224) 522377

DATA PROTECTION ACT 1998

Aberdeen City Council (the Data Controller) will process the information on this form for the purpose of granting or refusing this application. The information will be disclosed to Grampian Police and Grampian Fire & Rescue Service. It may also be circulated to other Council departments where appropriate and to any other relevant body. It may also be intimated to the H M Revenue and Customs. The information will also be published as part of the Licensing Committee Agenda and Minutes and held on a public register all of which will be available to members of the public on request.