

**CINEMA ACT 1985**  
**APPLICATION FOR GRANT / RENEWAL/TRANSFER OF**  
**CINEMA LICENCE**

Applicant's Details - COMPLETE EITHER QUESTION 1 OR 2 AND ALL OTHER QUESTIONS			
<b>Q1. To be completed if applicant is an individual</b>			
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
<b>Q2. To be completed if applicant is a Company or Partnership</b>			
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 names, home addresses and dates of birth of all directors or partners (continue on separate sheet if necessary)			
Name	Address	Date of Birth	Place of Birth

<b>Q3.</b> Has any party named in Q1 or Q2 above been convicted of any crime or offence (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974)?	<b>Enter Yes or No Only</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Q4. Licence Details**

a. (i) Type of licence applied for	GRANT <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
(ii) If application is for the grant of a licence, and period for which licence is sought is less than one year, state period required.			
(iii) If application is for renewal of a licence, and period for which licence is required is less than one year, state period in weeks.			

**Q5. Premises Details**

a. Name and address of premise(s) to be licensed.	Name: Address:  Postcode:		
b. Telephone No. of premises			
c. State days and hours of trading for which the licence is required	Days	Times	
d. State the maximum number of persons to be admitted to the premises at any time and a breakdown of capacity by screen.			
e. Please provide the name and contact details of an individual with whom an inspection of the premises can be arranged.			

**Check List**

**I have enclosed**

a) a copy of the Third Party Public Liability Insurance

b) the appropriate fee

I/We declare that the particulars given are correct to the best of my/our knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant or Agent: \_\_\_\_\_

Agent's Address and Telephone Number: \_\_\_\_\_

**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:

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.