

Theatres Act 1968

APPLICATION FOR LICENCE FOR THE USE OF PREMISES FOR THE PUBLIC PERFORMANCE OF PLAYS

Please answer all questions in block capitals

For office use only

1. Full name (if you are a mar	riod woman a	i. ro	Surname						
your maiden nan		ive	Forenames						
•	•								
2. Home Addres	SS								
Post Code									
3. Telephone No									
(business hours) e-mail addres									
4.Age, Date and		h	Age			Date	of Birth		
		ŀ	Place of Birth						
			T lace of birth						
5. Is applicant to	o carry out th	е	VES			NO give detaile			
day to day man	agement of tr	ie	YES			NO – give details			
If not, give full name, address		S							
and date of birth of any manager.									
_									
Contact telepho									
Address of premises to be licensed.		Э							
noonood.									
7. Are performances for									
educational or charitable purposes.									
If so, give details.									
O. Time and non									
8. Type and period for which the licence is required									
(a) Annual licence –									
commercial or r	non commerc	ial							
(b) Temporary I	icence –								
commercial or non commercial									
9. Total seating capacity of the building.									
10. Number and location of									
exits.									
11. Number of attendants on									
duty.									
<u>-</u>									
Date Rec'd	Fee	Date	e to Police,	Reply	Objectors		Granted/		1
	Paid	Fire					Refused		
		EHC	O Officer						1

12. Give details of lighting.	f safety						
	e provisions of the Rehat nce? YES / NO. If YES, gi		have you ever been convicted of				
Date	Court	Offence	Sentence				
Continue on a sena	arate page if necessary						
Continue on a separate page if necessary 14. Declaration.							
A. I/We declare that adequate public liability insurance is in place and said Insurance Certificate will be produced upon request.							
B. I/We declare that all staff have been fully instructed on safety precautions.							
C. I/ We declare that the particulars given on this form are correct to the best of my knowledge and belief.							
D. I/ We understand that the information supplied by me/ us as detailed in this form may be stored on a computer system by this Authority for the purpose of Licensing and that information may be disclosed to the police and other relevant parties for vetting and background enquiries whilst processing this application.							
Signature of Applicant: Date:							
Signature of Agent			Date:				

Any person who in, or 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 shall be guilty of an offence liable, on summary conviction, to a fine.