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| **CIVIC GOVERNMENT (SCOTLAND) ACT 1982** | Legal and Regulatory Support |
| **Application for a Renewal of a Skin & Body Piercing and Tattooing Licence** **(Please note where the applicant is an individual, please go to Section 1; where the applicant is a partnership, firm or Limited Company, please go to Section 2):** |
| **1.** | **This section to be completed where the applicant is an individual:** |
| (i) | Full Name: |  |  |
|  |  |
| (ii) | Home Address:(Including full postcode)Email address: |  |
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|  |  |
| (iii) | Telephone Numbers: | Home: |  | Mobile: |  |
| (iv) | Date of Birth: | Day | Month | Year | Place of Birth: |  |
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| **2.** | **To be completed where the applicant is a partnership, firm or limited company:** |
| (i) | Trading Name ofBusiness: |  |
|  | Business address:(Including full postcode) |   |
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|   |   |
| (ii) | Business Telephone Numbers: | Business: | Mobile: |
| **3.** | **Please provide the following details of all partners/directors involved in your firm, please note where there are more than 3 partners/directors, please complete their details to include full name, home address, date of birth and telephone numbers on an attached sheet of paper.)**  |
| (i) | Full Name |  |
|  | Home Address:(including Postcode) |  |
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|  |
|  |  |
|  | Date of Birth: | Day | Month | Year | Home Telephone: | Mobile: |
|  |  |  |  |  |
| (ii) |  Full Name |  |
|  | Home Address:(including Postcode) |  |
|  |
|  |
|  |  |
|  | Date of Birth: | Day | Month | Year | Home Telephone: | Mobile: |
|  |  |  |  |  |
| (iii) | Full Name |  |
|  | Home Address(Including Postcode) |  |
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|  |  |
|  | Date of Birth | Day | Month | Year | Home Telephone: | Mobile: |
|  |  |  |  |  |
| **4.** | **Please give the name of the person responsible for the day to day running of business/managing the activity? If this person is not one of those named above, please also give:** |
|  | Full Name |  |
|  | Home Address(Including Postcode) |  |
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|  |  |
|  | Date of Birth | Day | Month | Year | Home Telephone: | Mobile: |
|  |  |  |  |  |
| **5.** | **Criminal Convictions**Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom?If YES, please give the following details: | YES/NO(please delete as applicable) |
|  | Name:  | Date of Conviction: | Convicting Court | Details of Offence | Sentence: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| **6.**(i) | **Other Licences:**Has, or do, any of the parties named above previously held, or currently hold, any type of Local Authority Licence? | YES/NO(please delete as applicable) |
|  | If YES, please give the following details:  |  |
|  | Name: | Type of Licence: | Date Granted: | Expiry Date: | Issuing Authority: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| (ii) | Has any of the parties named above, ever applied for any type of Local Authority Licence/s and had their application refused: | YES/NO(please delete as applicable) |
|  | If YES, please give the following details: |  |
|  | Name: | Type of Licence: | Date of Application: | Authority Name: | Reason for Refusal: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| (iii) | Please state expiry date and existing licence number |  |  |  |  |

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| **7.** | **Does any party directly involved in the day to day licensed activity suffer from, or have any disability, allergy or other condition likely to affect their fitness to operate?**  | YES/NO(please delete as applicable) |
|  | If YES, please give the following details:  |  |
|  | Name: | Nature of Condition: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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| **8.** | **Activity/Premises Details:** |
| (i) | Third Party Indemnity Insurance: |
| Please give full details of the policy held**(please also include a copy of this policy with your application):** |  |
| Policy Expiry Date: |  |
| (ii) | Premises: **(PLEASE NOTE – Applicants should contact the Planning Dept to ascertain if planning consent is required and provide a copy if their response with the application)** |
|  | Where applicable, please give the name and address of the premises for which the licence is required. |  |
| Please give details of the location of these premises **(a sketch of the layout of premises should also be included with your application)** |  |
| Are you the owner of these premises | YES/NO(pleasedelete as applicable) |
| If NO, have you included a letter of consent from the owner of the premises (this is required for use of land owned either privately or by a public authority) which permits you to use premises for your intended purpose: | YES/NO(delete as applicable) | If NO – your application cannot be processed until such time as said letter of consent is obtained and forwarded  |
| Please specify the days and times it is proposed that the premises will be open  | Days: |  | Times: |  |
|  | Tick the type of business being carried out on the premises and detail all activities coming within the scope of the legislation: |             | Skin PiercingBody Piercing |            | Ear PiercingTattooing |
|  | Description of business activities: |  |  |  |  |
| **9.** | **Declaration and Information:** |
|  | I declare that the particulars given by me on this form are true and I hereby make application to Argyll and Bute Council for the grant of the licence applied for above. I understand that I, or any person who, in connection with the making of this application makes any statement which I/they know to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2500.00.I also confirm that, if granted a licence, I will comply fully with the conditions of that licence and have, previous to lodging this application, made myself familiar with the terms of Argyll and Bute Councils’ standard conditions pertaining to the licence. |
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|  | Signature of Applicant: |  |  |  | **Note – Please ensure your signature is within the marked box.** |
|  |  |  |  |
|  |  |
|  | Date: |  |  |
|  |  |
| **Notes:** |
| 1. | Any form lodged which has not been fully completed will be considered incompetent and returned to the applicant. |
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| 2. | The completed form with the required supporting paperwork, as detailed over, must be lodged with: |
|  |  | **The Head of Legal and Regulatory Support****Argyll and Bute Council, Kilmory****Lochgilphead PA31 8RT** |  |
| 3. | Please note that the Council may consider the application at a public meeting if there is a valid objection/representation made to the granting of a licence. A hearing of the PPSL Committee will be heard to determine whether the licence should be granted. If there is to be a hearing the applicant will be notified and will be invited to attend. |
| 4. The information you have supplied on this form will be used for the purpose for which you have provided it and  any relevant procedures following from this.  A full privacy notice, which provides information about your rights under data protection legislation and details about what will happen to your personal data, is attached for your information.**Supporting Documentation:**The following supporting documentation along with the appropriate fee MUST be lodged with the form otherwise the application will be considered incompetent and returned: |
| The fee of £368.00 (premises occupied by licence holder) / £295.00 (premises under control of others) (cheques should be made payable to Argyll and Bute Council);Public Liability Insurance policy;Certificate of Compliance in relation to notice for posting (after 21 day period expired)1 Passport style and size photograph;Proof of entitlement to work and previous convictions (if applicable)Electrical and gas safety certificates;Map of Premises |                                       |