



APPLICATION FORM FOR TRANSFER
OF CINEMA LICENCE

PLEASE READ GUIDANCE NOTES SUPPLIED BEFORE COMPLETING FORMS

A. - BUSINESS/PARTNERSHIP/ORGANISATION DETAILS

Do not complete this Section if you are an individual person – see Section B Personal Details for individuals

- Full Name Of Business/Partnership/Organisation
- Address of Registered or Principal Office
-
-

Tel. No. Nature of Business: Firm
 Partnership
 Limited Company
 Charity
 Other

Please complete details of all Directors, Partners or other persons responsible for the management of the business/partnership/organisation

(1)

- Full Name
- Home Address
-
- Age: years

• Date of Birth: Place of Birth:

(2)

- Full Name
- Home Address
-

Age: years

**OFFICE
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ONLY**

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code: 74321 1313

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DATE OF
DECISION

DECISION

NO. OF
LICENCE
ISSUED

RENEWAL
DATE

Date of Birth: Place of Birth:

[Continue on separate sheet if necessary]

Please complete details of employee or agent who is to carry on day to day management of business/partnership/organisation

- Full Name
- Home Address
.....
.....
- Tel. No.
- Age: years
- Date of Birth: Place of Birth:

B. - PERSONAL DETAILS

Do not complete this Section if you are a business/ partnership/ organisation – see Section A above

Christian Name Surname

- Full Name
- Home Address
.....
.....
- Tel. No.
- Age: years
- Date of Birth:
- Place of Birth:
- Do you intend to carry out day to day management of the film exhibition(s)? YES/NO
- If not, give full name, address and date of birth of person responsible (including business hours tel. no.)
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C. - LICENCE DETAILS

Have you previously held a cinema licence in this area or any other in the U.K.

YES/NO

If yes - Area:

Dates and duration of Licence:

If no longer licensed, reason:

Have you previously been refused a cinema licence in this area or any other in the U.K.

YES/NO

If yes - Area:

Reason for refusal:

Date(s) of refusal:

D.- PREMISES DETAILS

- Name and address of premises for which a transfer of licence is required

E. - INSURANCE DETAILS

Specify the public liability insurance which you have in force, giving details of the insurance company and amount of cover

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.....
.....

NOTE: Please enclose with the application the insurance certificate or other proof of insurance cover

F.- CRIMINAL CONVICTIONS

Have you, or any other person named in this application, been convicted of **any** crime or offence*

YES/NO

If yes, details

.....

.....

*** See Guidance Notes for reference to "spent convictions"**

I declare that the particulars given by me on this form are true and I hereby make application to The Moray Council for the transfer of the current cinema licence applied for.

Date Signature of applicant

or

Signature of Agent on behalf of applicant

Agent's Address

.....

By signing this declaration, I acknowledge that the making of false statements knowingly and wilfully by any persons in this form will constitute an offence under sections 44 and 45 of the Criminal Law (Consolidation) (Scotland) Act 1995.