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|  |  |  | **For Office Use Only** **Ref No……………..**  **Fee……£600**  **Date Paid………….** **Receipt No…………..** |

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| **How your personal information will be used**  It’s up to us to keep your information safe. We will only collect the minimum amount of personal information we need to process your licensing application.  We will only share your information with Police Scotland to ensure your fitness to hold a licence.  We also have a duty to manage public funds, prevent and detect fraud so we may share the information you have provided with relevant bodies as is permitted by law.  To see the full privacy notice please visit our public website <https://www.south-ayrshire.gov.uk/privacy-notices/> |

#### CINEMAS ACT 1985

Application for a Licence for the use of Premises for Exhibitions whether given by means involving the use of inflammable films or non-inflammable films or by means not involving the use of films.

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| Each question must be answered |

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| --- | --- |
| 1. Full name and Address of Cinema |  |
| 1. Full name of Applicant   Address  Date of Birth of Applicant  Designation  Telephone Number |  |
| 1. In whose name or names is the licence to be granted?   Note – A Licence will not be issued to a Company but only to an individual or individuals and preferably to the actual Manager. |  |
| , l   1. State whether applicant is owner, lessee, Director, Secretary, actual Manager etc., of premises.   If Manager state for whom. |  |

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| --- | --- |
| 1. State names and addresses of the occupier or tenant of the premises and his factor or agent if not the applicant. |  |
| 1. State period not exceeding one year for which the Licence is desired. |  |
| 7. State whether any entertainments other than cinematograph exhibitions are to be given in the premises. |  |
| 8. Is it intended to use cinemtograph apparatus?  If not, describe the apparatus to be used. |  |
| 1. State whether the premises are:- 2. Permanent or 3. Moveable |  |

Date……………………………………………………………………………………………..

Signature of applicant or agent………………………………………………………………

Agent’s Address……………………………………….......................................................

…………………………………………………………………………………………………..

N.B. Where the application is made on behalf of a Company it should be signed on behalf of the Company and by the applicant.

Please either submit by email to: [licensing.submissions@south-ayrshire.gov.uk](mailto:licensing.submissions@south-ayrshrie.gov.uk) payment can be taken over the phone by Card.

Or if submitting your application by post, please send with your cheque to the following address:

**South Ayrshire Council, Licensing Services, County Buildings, Wellington Square, AYR, KA7 1DR**

**If you have any enquiries relating to your application please call the Licensing team on 01292 617682 or Email:** [Licensing@south-ayrshire.gov.uk](mailto:Licensing@south-ayrshire.gov.uk)