

Application for Premises to be Approved as a Venue for Civil Partnerships

Name of Venue

The granting of this application does not guarantee the attendance or service of a Registrar. You are strongly advised to contact the Registrar to make arrangements for the ceremony.

For official use only			
Date of application		Fee paid	
Date to Police		Receipt no.	
Firemaster		Deadline for initial decision	
Environmental Health		Deadline for final decision	
Building Control		Date to Committee	
Registrar		Decision	
Planning		Date application determined	

Please read the enclosed "Guidance to the Requirements and Conditions for Approved Premises for Civil Partnerships".

1. DETAILS OF PREMISES

Please give the full name, address and telephone number of the Premises

Title:	
Address:	
Telephone No:	

2. DETAILS OF APPLICANT

Please give the full name, address, e-mail address and telephone number of the person or body making the application. The applicant should be the Proprietor or Trustee of the Premises. If the applicant is a limited company, please give the address of the registered office and where different state also the main trading address of the company
(see Guidance Part 1.1)

Name:	
Address:	
E-mail address:	
Telephone No:	
Date of Birth	

If an approval is granted the Applicant will be known as the "Approval Holder" and will be responsible for ensuring all conditions and requirements are satisfied in respect of the premises for its use as a venue for civil partnerships.

3. NATURE OF PREMISES

Please describe the nature of the premises (e.g.Hotel, Civic Building etc.) and the primary and other uses to which they are regularly put. (see Guidance Part 1.2 and Appendix A)

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4. PREMISES

4.a OCCUPIER OF PREMISES

Is the person named in Section 1 the sole occupier of the Premises?	Yes	No
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If No, please give the names and addresses of other occupiers and the nature of their occupancy below:

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4.b OWNER OF PREMISES

Are you the owner of the premises	Yes	No
If the answer is no you will have to obtain written permission to use the site from the owner		

5. CIVIL PARTNERSHIP ROOM(S)

Please describe the primary and other use(s) of the room(s) which is (are) to be used for civil partnership ceremonies (e.g. Banqueting hall, conference room, garden area, marquee etc.)

Please also state the maximum number of people who are permitted to occupy these room(s) under any fire certificate which applies. (see Guidance Part 1.3)

Room/Location	Max No:

Please ensure there is a separate confidential interview room conveniently located to the civil partnership room, which is available to the Registrar.

6. RESPONSIBLE PERSON(S)

Please give details of the person and his/her deputy who will be responsible for arranging and co-ordinating the civil partnership ceremony and ensuring compliance with requirements and conditions as attached. (see Guidance Part 3.1)

Name:	
Occupation:	
Private Address:	
Telephone No:	
Home/Mobile:	
Date of Birth	

Name:	
Occupation:	
Private Address:	
Telephone No:	
Home/Mobile:	
Date of Birth	

7. ENCLOSURES

Enclosed with this application are:

- (1) 6 plans of the premises/location showing the civil partnership rooms and interview room and floor plan . You may be requested to provide additional plans for parking and grid reference if outside location
- (2) Copy of fire certificate (where applicable)
- (3) Certificate of Public Liability Insurance
- (4) Written consent of site owner (if applicable)
- (5) Application fee of £489
(please note: applications without payment will not be processed. If payment is rejected the application will be void.)

Cheques should be made payable to **“West Lothian Council”**

8. DECLARATIONS AND SIGNATURE

- 1. I apply for the premises identified in Section 1 to be approved for solemnisation of civil partnership ceremonies for a period of 3 years

- 2. I understand that:
 - (a) That the place may be inspected for suitability before approval is granted and, if this application is successful may be subject to subsequent inspection.
 - (b) The premises must satisfy the local authority on fire precautions and health and safety provisions.
 - (c) Approval, if granted will be for an inclusive 3 year period subject to revocation, suspension or variation.
 - (d) Approval, if granted, does not guarantee the availability of a Registrar**

- 3. I enclose the documents requested in part 7 overleaf

- 4. I declare that:
 - (a) I have read and understood “Guidance to the Requirements and Conditions for Approved Premises for Civil Partnerships”.
 - (b) The place has no recent or continuing religious connection.
 - (c) I have obtained any necessary permissions regarding use of and access to the premises
 - (d) I will publish in a prominent place notice of my application for a period of 21 days.
 - (e) If an Approval is granted, I will comply with the Conditions attached to the Approval.

Signature of Applicant:

Business Title:.....

Name in block capitals:.....

Date:.....

Please return to:

Miscellaneous Licensing Services
West Lothian Council
West Lothian House
Almondvale Boulevard
Livingston
West Lothian EH54 6QG