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To: Councillor Carle, Convener; and Councillors Boulton, Cormie, Forsyth, Malik, Malone and Townson.

Town House,
ABERDEEN 20 July 2015

LICENSING URGENT BUSINESS SUB COMMITTEE

The Members of the **LICENSING URGENT BUSINESS SUB COMMITTEE** are requested to meet in Committee Room 2 - Town House on **FRIDAY, 24 JULY 2015 at 11.00 am.**

RODERICK MACBEATH
SENIOR DEMOCRATIC SERVICES MANAGER

B U S I N E S S

- 1 Determination of Urgent Business
- 2 Application for a Public Entertainment Licence - Aberdeen International Youth Festival (Pages 1 - 4)

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Allison Swanson, tel. (52)2822 or email aswanson@aberdeencity.gov.uk

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ABERDEEN
CITY COUNCIL

**CIVIC GOVERNMENT (SCOTLAND) ACT 1982
APPLICATION FOR GRANT / RENEWAL OF LICENCE
FOR PUBLIC ENTERTAINMENT**

Applicant's Details - COMPLETE EITHER QUESTION 1 OR 2 AND ALL OTHER QUESTIONS.			
Q1 To be completed if applicant is an individual			
a. Full name	<u>Surname</u> (including any maiden name)	<u>Forename(s)</u>	
b. Home address	Postcode:		
c. Telephone No.	<u>Home</u>	<u>Mobile</u>	
d. E-mail address			
e. Age, date & place of birth	Age	Date of Birth	Place of Birth
f. Are you self employed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no give name & address of employer Name: Address: Postcode:		
g. Are you to carry out day-to-day management of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/> If not give full name, home address and date of birth of the manager. Name: Address: Date of Birth:		
Q2. To be completed if applicant is a Company or Partnership			
a. Full name of Company/Partnership	Company <input checked="" type="checkbox"/> or Partnership <input type="checkbox"/> Name: Aberdeen International Youth Festival		
b. Address of Principal or Registered Office	Seventeen, 17 Belmont Street, Aberdeen Postcode: AB10 1JR		
c. Telephone No.	01224 213800		
d. E-mail address	stewart@aiyf.org		



e. Full names, home addresses and dates and place of birth of all directors or partners (continue on separate sheet if necessary)			
Name	Address	Date of Birth	Place of Birth
f. Full name, home address and date and place of birth of employee or agent who is to carry out day-to-day management			
Name	Address	Date of Birth	Place of Birth
Stewart Aitken			
Q3. Has any party named in Q1 or Q2 above been convicted of any crime or offence (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974)?	Enter Yes or No Only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Q4. Have you had an application for a similar licence refused in the last year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes please give date:		
Q5. Licence Details			
a. Type of licence applied for	GRANT <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	TEMPORARY <input checked="" type="checkbox"/>
b. If renewal, state expiry date of current licence	Expiry Date:		
Q6. Premises Details			
a. Name and address of premise(s) to be licensed	Name: Sites across Aberdeen City Centre Address: George Street Pedestrian Precinct, Golden Area outside M&S, Bon Accord Centre, Union Terrace Gardens, Postcode: AB10		
b. Telephone No. of premises			
c. State the kind(s) of public entertainment or recreation. Tick all that apply	Bonfires <input type="checkbox"/> Bowling alleys <input type="checkbox"/> Bungee-Jumping Sites <input type="checkbox"/> Church Halls <input type="checkbox"/> Community Centres <input type="checkbox"/> Concert Halls <input type="checkbox"/> Dance halls <input type="checkbox"/> Discotheques <input type="checkbox"/> Dry Ski Centres <input type="checkbox"/> Fairgrounds <input type="checkbox"/> Fetes with Tented Accommodation <input type="checkbox"/>		

	Firework Displays <input type="checkbox"/> Halls used for Voluntary Organisations <input type="checkbox"/> Ice Rinks <input type="checkbox"/> Motorbike Stunt Shows <input type="checkbox"/> Pop Concerts <input type="checkbox"/> Live Band performances x Variety Shows <input type="checkbox"/> Musical Shows <input type="checkbox"/> Raves <input type="checkbox"/> Musical Festivals <input type="checkbox"/> Paint Ball Games <input type="checkbox"/> Laser Displays <input type="checkbox"/> Laser Games <input type="checkbox"/> Health and Fitness including Gyms <input type="checkbox"/> Public Halls <input type="checkbox"/> Roller Skating Rinks <input type="checkbox"/> Schools and other Educational Establishments or parts thereof within which the number of members of the public admitted to or taking part in any single event or activity at any one time exceeds 60 <input type="checkbox"/> Skateboarding <input type="checkbox"/> Sports Centres <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Vehicle Stunt Shows <input type="checkbox"/>	
d State days and hours of trading for which the licence is required	Days	Times
	25/07/14	1pm – 4pm
e. State the maximum number of persons to be admitted to the premises at any time.	The audiences will not be ticketed and will be those just passing who will stop for a short while. Maximum will be around 400 at any one time	
f. Please provide the name and contact details of an individual with whom an inspection of the premises can be arranged.	Stewart Aitken – stewar@aiyf.org – 01224 213800	
Check List		
I have enclosed		
a) a copy of the Third Party Public Liability Insurance x		
b) the appropriate fee <input checked="" type="checkbox"/> - internal ACC transfer requested.		
Q7.		
(A) I/we declare that I/we shall, for a period of 21 days commencing with the date of submission of this application, display at or near the premises mentioned at Q5, so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2(2) of Schedule 1 of the Civic Government (Scotland) Act 1982. A form that may be used for this purpose is attached.		

OR

(B) I/we declare that I am / we are unable to display a notice of this application at or near the premises because I/we have no rights of access or other rights enabling me/us to do so.

(C) I declare that the particulars given by me on this form are correct to the best of my knowledge and belief.

Delete (A) or (B) as appropriate. Where declaration (a) is made, there must be produced in due course, a Certificate of Compliance with paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982.

Date: 10/07/15

Signature of applicant or agent: [Redacted]

Print Name Stewart Aitken

Agent's address: 10a Hunter Place, Stonehaven, AB39 2AZ

Position of applicant in company/partnership if not otherwise stated:

CEO/Artistic Director

Date received:	Amount Paid:	Receipt Number:
<p><u>NB.</u> Any person who in connection with the making of this application makes any statement that he/she knows to be false or recklessly makes any statement that is false in a material particular may be guilty of an offence.</p> <p>When completed, this form should be returned to the Legal and Democratic Services, Corporate Governance, Aberdeen City Council, Business Hub 6, First Floor South, Marischal College, Broad Street, Aberdeen, AB10 1AB along with the appropriate fee. Cheques should be made payable to "Aberdeen City Council". For assistance in completing the form, please telephone Licensing on (01224) 522377.</p>		

DATA PROTECTION ACT 1998

Aberdeen City Council (the Data Controller) will process the information on this form for the purpose of granting or refusing this application. The information will be disclosed to Grampian Police and Grampian Fire & Rescue Service. It may also be circulated to other Council departments where appropriate and to any other relevant body. It may also be intimated to the H M Revenue and Customs. The information will also be published as part of the Licensing Committee Agenda and Minutes and held on a public register all of which will be available to members of the public on request.