

ABERDEENSHIRE (SOUTH) LICENSING BOARD

**LAW REFORM (MISCELLANEOUS PROVISIONS) (SCOTLAND)
ACT 1990**

**APPLICATION FOR CHILDREN'S CERTIFICATE
Section 49**

IF IN DOUBT PLEASE CONSULT YOUR SOLICITOR

FOR OFFICIAL USE ONLY

Date copied to Police	Date of receipt of application
Date copied to DES
Date copied to Firemaster	Date Acknowledged
PLEASE RESPOND BY
	Fee Paid
Response received Police	Board Meeting
Response received DES	
Response received Firemaster	

PLEASE DO NOT WRITE IN SHADED AREA

1. Name, Address and Telephone Number of Premises (in full)	
2. Type of Licence	Please delete as appropriate Hotel / Public House
3. Applicant Company or Applicant Partnership Name, Address of Registered Office, Telephone Number, Email Address and Company Registration Number	<i>Please complete if Applicant is a Company or Partnership only</i>
4. Name, Designation, Address, Telephone Number, Date & Place of Birth & Email Address of Applicant Employee/Agent to be responsible for day to day running of the Premises (married women include Maiden Name)	<i>Please complete if Applicant is a Natural Person or Employee or Agent of no. 1 above</i>

<p>5. Has Application for Children's Certificate previously been Refused in respect of the same Premises?</p> <p>If so give Date of Refusal</p>	<p>YES/NO</p>
<p>DATE _____</p>	<p>SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-</p>
<p>Solicitor's Name</p>	
<p>Firm Name and Address</p>	
<p>Postcode</p>	
<p>Office Reference</p>	
<p>Telephone No.</p>	
<p>Fax No.</p>	
<p>Legal Post Number</p>	
<p>Email.</p>	
<p>*This Application to be accompanied by five copy plans indicating parts of the premises to which the Children's Certificate is intended to apply.*</p>	
<p>Fee for Children's Certificate £86 (Cheque to be made payable to "Aberdeenshire Council (South)")</p>	