

ABERDEENSHIRE (SOUTH) LICENSING BOARD

**THE LICENSING (SCOTLAND) ACT 1976
as amended**

**APPLICATION FOR DECLARATOR OF FINALITY
Section 26 (4)**

IF IN DOUBT CONSULT YOUR SOLICITOR

FOR OFFICIAL USE ONLY

Date copied to Police (for info)	Date of receipt of application
" DES
" Firemaster.....	Date Acknowledged
" Planning
" Building Control	Fee Paid
PLEASE RESPOND BY	
Response received DES.....	Date Granted
" Firemaster.....	Date of meeting at which Board to be advised
" Planning.....	
" Building Control	

PLEASE DO NOT WRITE IN SHADED AREA

1. Name, Address and Telephone Number of Premises	
2. Type of Licence	<i>Please delete if not applicable HOTEL, RESTRICTED HOTEL, PUBLIC HOUSE, REFRESHMENT, RESTAURANT, ENTERTAINMENT, OFF SALE</i>
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 and Email Address of Applicant or Employee or 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 Individual Person or Employee or Agent of no. 1 above</i>

5. Date of Provisional Grant	
6. Did Applicant apply for the undernoted at same time as Provisional Grant.	
Regular Extension	Yes/No
Gaming Permit	Yes/No
Children's Certificate	Yes/No
Sunday Opening	Yes/No
DATE _____	SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-
Solicitor's Name	
Firm Name and Address	
Postcode	
Office Reference	
Telephone No.	
Fax No.	
Legal Post Number	
Email.	
CURRENT LICENCE IF APPLICABLE AND PROVISIONAL GRANT OF LICENCE SHOULD ACCOMPANY THIS APPLICATION	
Fee for Declarator of Finality £34 Cheque to be made payable to "Aberdeenshire Council (South)"	