

For Official Use: Cash Office/Service Point

APPLICATION FEE:	£50.00
RECEIPT NO:	
DATE RECEIVED:	
RECEIVED BY: (SERVICE POINT & INITIALS)	



**HIGHLAND LICENSING BOARD**  
**Licensing (Scotland) Act 2005, section 72**  
**Personal Licence**

**First Application/Renewal Application (delete as appropriate)**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in black capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets, if necessary. You may wish to keep a copy of the completed form for your records.

**1. YOUR PERSONAL DETAILS** - If relevant please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary. Read note 1.

**TITLE** (*delete as appropriate*): Mr Mrs Miss Ms Other (please state)

Surname

Forenames

Date and Place of Birth

NI Number

**ADDRESS WHERE ORDINARILY RESIDENT** (We will use this address to correspond with you unless you complete the separate correspondence box below)

Post town

Post code

**TELEPHONE NUMBERS**

Daytime

Evening

Mobile

**FAX NUMBER**

**E-mail address :**



Address for correspondence associated with this application (if different to the address above)

Post town

Post code

## 2. YOUR LICENSING QUALIFICATIONS

**Read note 2**

**Please tick**

I hold an accredited qualification

Yes

No

If you have ticked yes please provide a copy of your qualification with your application.

## 3. FIRST APPLICATIONS ONLY

This section should only be completed if you are submitting your first application to this Licensing Board. If answering Yes to any question please provide details below.

**NOTE: You may only hold one personal licence at a time.**

**Please tick**

Do you currently hold a personal licence?

Yes

No

Do you currently have any outstanding applications for a personal licence, with this or any other Licensing Board?

Yes

No

Has any personal licence held by you been forfeited in the last 5 years?

Yes

No

Licensing Board

Licence Number

Date of issue

Date of expiry

Any further details

#### 4. RENEWAL ONLY

**This section should be completed only if you are applying for a renewal of your existing licence.**

Your personal licence must accompany your application for a renewal. If you are unable to send your personal licence, you must explain why you cannot do so in the box provided below.

Details of current personal licence

Licensing Board

Licence Number

Date of issue

Date of expiry

Any further details

If you cannot provide your personal licence, provide a statement explaining why

#### Other personal licence

**Note: You may only hold one personal licence at a time**

**Please tick**

I confirm that I do not hold any other personal licences other than the one submitted for renewal

Yes

No

#### 5. CHECKLIST (see note 4)

**I have**

**Please tick yes**

- Enclosed two photographs of myself, one of which is endorsed as a true likeness of me by a person of standing in the community.
- Enclosed a copy of any licensing qualification I hold
- Enclosed my current personal licence (renewal only)
- Made payment of the application fee.

(Please note that the Council can no longer accept payment of applications by cheque or cash). See ways to pay note at section 5 below.

## 6. PREVIOUS CONVICTIONS

You must provide details below of any conviction for a relevant or foreign offence that is not considered spent under the Rehabilitation of Offenders Act 1974. Please continue on a separate sheet if necessary. If you are declaring that you have no such convictions please write "none". Read note 3.

Offence	Court	Date	Penalty

## 7. DECLARATION

The contents of this application are true to the best of my knowledge and belief

SIGNATURE	DATE

**PLEASE NOTE - IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

### DATA PROTECTION ACT 1998

The information on this form may be held on an electronic public register which may be available to members of the public on request. This will be maintained in accordance with the Data Protection Act 1998 and will not be sold or passed on to any organisation without your prior approval unless this is a legal requirement.

### GUIDANCE

#### 1. CHANGE OF NAME OR ADDRESS

Section 88 of the Licensing (Scotland) Act 2005 requires that a personal licence holder must, no later than one month after any change in the licence holder's name or address, give the Licensing Board which issues the licence notice of the change. It is an offence not to do so.

#### 2. LICENSING QUALIFICATIONS

Licensing qualifications are dealt with in Section 91 of the Licensing (Scotland) Act 2005. In summary, to be eligible for a personal licence, an applicant must be aged 18 or over and possess a licensing qualification, and no personal licence previously held by the applicant must have been revoked within the period of 5 years ending with the day on which the application was received by the Licensing Board. There are a number of training providers in the Highlands. Contact the Board for details.

#### 3. CONVICTIONS

Section 75 of the Act places a duty on an applicant for a personal licence to notify the Licensing Board if he or she has been convicted of any relevant or foreign offence during the time between making the application and the application being determined by the Licensing Board. Furthermore, Section 82 of the Act requires personal licence holders to notify their Licensing Board of any convictions for relevant or foreign offences within one month of the licence holder being convicted.

#### 4. PHOTOGRAPHS

Two photographs of the applicant. Photographs must be;

- (a) 45mm by 35mm
- (b) be on photographic paper
- (c) be taken against a light background and show the full face of the applicant, without the applicant wearing sunglasses or any head covering (unless the applicant wears such a covering on account of a religious belief).

One photograph must have on the back a statement by a person appearing to the Highland Licensing Board to be a person of standing in the community with the words "I certify that this is a true likeness of (insert name of applicant)", followed by the name of the person endorsing the photograph.

#### 5. SUBMISSION OF APPLICATION

When completed the application form should be sent to the Clerk's office in the area where you normally reside:

#### **HIGHLAND LICENSING BOARD CONTACT ADDRESSES AND PAYMENT DETAILS**

<b>Clerk to the Board</b>	<b>Inverness, Nairn, Badenoch and Strathspey areas</b>	<b>Lochaber</b>
Claire McArthur Highland Licensing Board Council Offices High Street Dingwall IV15 9QN Tel: (01349) 868541 <a href="mailto:claire.mcarthur@highland.gov.uk">claire.mcarthur@highland.gov.uk</a>	Highland Licensing Board Highland Council Headquarters Glenurquhart Road Inverness IV3 5NX Tel: (01463) 785087 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Charles Kennedy Building Achintore Road Fort William PH33 6RQ Tel: (01397) 707233 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>
<b>Caithness and Ross areas</b>	<b>Sutherland</b>	<b>Skye and Lochalsh</b>
Highland Licensing Board Caithness House Market Place Wick KW1 4AB Tel: (01955) 608214 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Drummuie Golspie KW10 6TA Tel: (01408) 635205 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Tigh na Sgìre Park Lane Portree, IV51 9GP Tel: (01478) 613824 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>

If you wish any additional guidance or advice, please contact your **Licensing Standards Officer** in your area:

LICENSING AREA	LSO	CONTACT DETAILS
<b>SOUTH</b> Inverness, Nairn, Badenoch & Strathspey and Lochaber	Shonnie Campbell	Tel: 01463 702259 E-mail: <a href="mailto:shonnie.campbell@highland.gov.uk">shonnie.campbell@highland.gov.uk</a>
<b>NORTH</b> Caithness, Sutherland, Ross, Skye and Lochalsh.	Garry Cameron	Tel: 01408 635217 E-mail: <a href="mailto:garry.cameron@highland.gov.uk">garry.cameron@highland.gov.uk</a>

**WAYS TO PAY:**

**By Debit or Credit Card**

- In Person at any Service Point
- By Telephone to a member of Council staff. Please telephone the payment line on 01349 886605/09 and a member of staff will be able to take your payment. This service is available Monday-Friday 8 am to 5 pm,

**By Bank Credit Transfer, Telephone or Online Banking or Standing Order**

Please pay to the: Virgin Bank, 15 Academy Street, Inverness, IV1 1JN

Bank Sort Code: 82:70:13

Bank Account Number: 30000542

Please quote: Name of Premises/Type of Application or Invoice Number with all payments.

## EQUAL OPPORTUNITIES MONITORING FORM QUESTIONS

### Introduction to Equalities Form:

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the application process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics produced.

Data Protection Act 1998

Information you provide in this form will be processed fairly and lawfully for the following purposes:

- For administrative purposes, reporting, monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

### Question 1: Gender Identity - 1

How would you describe your gender?

Female

Male

Prefer not to answer


### Question 2: Gender Identity - 2

Have you ever identified as a transgender person or trans person?

(For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)

Yes

No

Prefer not to answer


### Question 3: Age

Please tick one box:-

18-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to answer


**Question 4: Religion or Belief**

What is your Religion or Belief?

Buddhist	
Church of Scotland	
Hindu	
Humanist	
Jewish	
Muslim	
None	
Other Christian	
Sikh	
Pagan	
Roman Catholic	
Prefer not to answer	
Other Religion or Belief, please specify (FREE TEXT):	

**Question 5: Ethnic Group**

What is your ethnic group? Choose one from section A to F

<b>A. White</b>	
Scottish	
Other British	
Irish	
Gypsy/Traveller	
Polish	
Other white ethnic group	

<b>B. Mixed or Multiple Ethnic Group</b>	
Any mixed or multiple ethnic groups	

<b>C. Asian, Asian Scottish or Asian British</b>	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
Other	

<b>D. African</b>	
African, African Scottish or African British	
Other	

**E. Caribbean or Black**

- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other


**F. African**

- Arab, Arab Scottish or Arab British
- Other
- Prefer not to answer
- Other, please specify (FREE TEXT)


**Question 6a: Disability**

Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day tasks.

Do you consider that you have a disability?

- Yes
- No
- Prefer not to answer


**Question 6b: Disability (Impairment)**

If yes to the above question, please state the type of impairment which applies to you. If none of the categories apply, please mark 'Other' and specify the type of impairment.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Learning disability for example, Down's Syndrome
- Learning difficulty for example, dyslexia
- Developmental disorder for example, Autistic Spectrum Disorder or Asperger's Syndrome
- Physical disability
- Mental health condition
- Long-term illness, disease or condition
- Prefer not to answer


**Question 7: Sexual Orientation**

What is your sexual orientation?

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Prefer not to answer


