

Applications are to be returned to:
Licensing Team
Public Protection
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU
Tel: 01446 709105



Application for Premises to be Approved as a Venue for Marriage
Section 26(1)(bb) of the Marriage Act 1949
Application for Premises to be Approved as a Venue for Civil Partnerships
Section 6(3A)(a) of the Civil Partnership Act 2004

1. Full name of applicant *

Mr Mrs Miss Other

2. Is the applicant the occupier of the premises?

Yes No

If no, please provide details of the responsible person

Name

House No. and Street

District

Postcode

Telephone number

3. Contact details of applicant. (please provide private address or if limited company registered office address)

House No. and Street

District

Postcode

Telephone number

4. Please state main trading address of company if different from above.

House No. and Street

District

Postcode

Telephone number

5. Details of premises subject to this application.

Name	
Street	
District	
Postcode	
Telephone number	

6. Please describe the premises.

Nature of premises	
Primary purpose	
Other purpose	

7. Does the premises currently hold a fire safety certificate?

Yes No

8. Please state the maximum number of persons permitted to occupy the required room/s under any fire certificates which apply.

1	Room Name	Occupancy Number	
2	Room Name	Occupancy Number	
3	Room Name	Occupancy Number	
4	Room Name	Occupancy Number	
5	Room Name	Occupancy Number	
6	Room Name	Occupancy Number	
7	Room Name	Occupancy Number	
8	Room Name	Occupancy Number	
9	Room Name	Occupancy Number	
10	Room Name	Occupancy Number	
11	Room Name	Occupancy Number	
12	Room Name	Occupancy Number	
13	Room Name	Occupancy Number	
14	Room Name	Occupancy Number	

If any further rooms required please put details on an additional sheet

9. Does the premises currently hold a licence issued under the Licensing Act 2003 or under any other approvals? (please provide details)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	
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10. Does the premises currently hold a public liability insurance certificate?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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11. Does the premises have planning consent to be used for marriages and civil partnerships?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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12. Please state the person(s) at the premises who will ensure compliance with any approval issued.

Name	
House No. and Street	
District	
Postcode	
Telephone Number	

Name	
House No. and Street	
District	
Postcode	
Telephone Number	

Signature of applicant.....**Date**.....

*Applicant is the proprietor or trustee of the premises. The applicant will be the holder of the approval if successful.

Please state your interest in the premises Proprietor Trustee

Preferred contact details for correspondence detailed in:
Q2. Q3. Q4. Q5. Q9.

Attachments checklist

- I attach a completed application form
- I attach the appropriate fee (non-returnable)
- I attach 4 copies of a plan of the premises