

LATE HOURS CATERING

Application for a new or renewal of a Late Hours Catering Licence

This application must be accompanied by the appropriate fee and lodged with:

Licensing Section
City Of Edinburgh Council
249 High Street
Edinburgh, EH1 1YJ
☎ 0131 529 4208
☎ 0131 529 4207

OFFICIAL USE ONLY Record of Application	
DATE	
TILL NO.	
RECEIPT NO.	
INITIALS	
FEE	


NOTES:	YOU MUST ALSO PRODUCE THE FOLLOWING:	
	4 Plans of premises (see Notes For Guidance)	<input type="checkbox"/>
	Waste Management Questionnaire	<input type="checkbox"/>
	Correct fee for (New) or (Renewal) See http://manage.edinburgh.gov.uk/Licensing/app_types/fees.htm	<input type="checkbox"/>


ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS

Questions in Italics may not apply

If you have ever had a licence of any type you must state the reference no (on original documentation) here

1. TYPE OF LICENCE BEING APPLIED FOR	
New or Renewal	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
Increased Hours	YES / NO

2.A. DETAILS OF APPLICANT			
To be completed if licence is to be held by the individual detailed below. If not  2.B.			
Full Name			
Address/Registered Office			Postcode
Telephone Number Home		Tel. No. Business	
Date of Birth (DD/MM/YYYY)	/	/	Age
Town of Birth		Country of Birth	

2.B. DETAILS OF COMPANY			
To be completed if licence is to be held by the Company or Partnership below. If not  2.A.			
Full Name			
Address/Registered Office			Postcode
Full Name, address and date of birth of all directors or partners			
Managers Telephone Number			

3. DETAILS OF MANAGER			
Details of person responsible for day-to-day management of the premises			
<i>Tick if same as above</i>	<input type="checkbox"/>		
Full Name			
Address			Postcode
Telephone Number (Home)		Business Tel. No.	
Date of Birth	/	/	Age

4. DETAILS OF PREMISES			
Premises Name & Address			
		Postcode	
Brief Description including entrances and exits			
Toilet Accommodation	YES / NO	Seating Capacity	
Are the premises movable?	YES / NO		
<i>If moveable, please describe</i>			
Period applied for	<input type="checkbox"/> 1 Year	<input type="checkbox"/> Period from	/ / to / /
Proposed Hours of Trading (24 hour format)	Sunday	to	Mon-Thur to
	Friday	to	Saturday To
Details of proposed operation e.g. Restaurant / Carry-Out / Carry-Out Only			
Type(s) of food served			

5. UNSPENT CONVICTIONS			
Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom?			YES / NO
If YES please specify any convictions. All unspent crimes and offences must be declared.			
Date of Conviction	Court of Conviction	Nature of Offence	Sentence
<i>Continue on separate sheet if necessary</i>			

6. TERMS & CONDITIONS			
I/We acknowledge receipt of a copy of the Terms & Conditions to which I/we agree, Standard Conditions and Notes For Guidance attached by the Council to grants of this type of licence. I/We agree that any licence granted to me/us should incorporate these Standard Conditions.			
Full Name	AGENT / APPLICANT		
Signature		Date (DD/MM/YYYY)	/ /