

VENISON DEALER

Application for a Venison Dealer's Licence

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

Licensing Section
The City Of Edinburgh Council
249 High Street, Edinburgh EH1 1YJ

T: 0131 529 4208 F: 0131 529 4207

To download and complete this form in MS Word, go to:

www.edinburgh.gov.uk/licensing

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

- ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS
- PLEASE READ THE NOTES CAREFULLY BEFORE COMPLETING THIS FORM
- IF YOU HAVE EVER HAD A LICENCE OF ANY TYPE YOU MUST STATE THE REFERENCE NO. (ON ORIGINAL DOCUMENTATION) HERE _____

PART 1 – APPLICATION TYPE

a	State whether the application is for the grant of a New or Renewal licence	New <input type="checkbox"/>
		Renewal <input type="checkbox"/>
b	State whether the licence holder is to be an individual or a company / partnership	Individual <input type="checkbox"/> <i>omit part 3</i>
		Company / Partnership <input type="checkbox"/> <i>omit part 2</i>

PART 2 – DETAILS OF INDIVIDUAL

To be completed if licence is to be held by the individual detailed below. If not Part 3.

a	Full Name		
b	Maiden / Previous Name		
c	Date & Town of Birth	DoB:	Town:
d	Home Address		
		Postcode:	
e	Contact telephone numbers		

PART 3 – DETAILS OF COMPANY

To be completed if licence is to be held by the Company or Partnership below. If not Part 2.

a	Company / Partnership Name		
b	Address / Registered Office		
		Postcode:	
c	Contact telephone numbers		

PART 4 – DETAILS OF MANAGER	
Details of person responsible for day-to-day management. Only to be completed if there is a day-to-day manager as well as the individual named in Part 2. If the licence is to be held by a company or partnership, a day-to-day manager must be named below.	
a	Full Name
b	Maiden / Previous Name
c	Date & Town of Birth DoB: Town:
d	Home Address Postcode:
e	Contact telephone numbers

PART 5 – DETAILS OF PREMISES where venison dealing is to be carried out	
a	Name of Company / Premises
b	Address Postcode:

PART 6 – DETAILS OF ALL DIRECTORS / PARTNERS		
1	a	Full Name
	b	Maiden / Previous Name
	c	Date & Town of Birth DoB: Town:
	d	Home Address Postcode:
	e	Contact telephone numbers
2	a	<i>Please continue on a separate sheet if necessary</i> <input type="checkbox"/> Please tick if additional sheet(s) is/are attached

I/We hereby make application for a licence in the above terms and certify that the information given is true and correct.

Information supplied on this form may be held on computer and applicants are advised that in the processing of this application background enquiries will be made which may include reference to personal data held on computer.

Signature of Applicant / Agent <i>(delete as appropriate)</i>	Date
	/ /
Address of Agent: <i>(If signed by Agent)</i>	

- END -