



Application
for Premises to be approved
as a Venue for
Civil Partnership Registration

Name of Venue :

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For official use

Date received:	Application No	Reference No	No.of documents:	Inspected by:	Date approval granted

Please read the enclosed "Guidance to the Requirements and Conditions for Approved Premises for Civil Partnership Registration".

1. DETAILS OF PREMISES

Please give the full name, address and telephone and fax number of the Premises. Information in section 1 will be available to the public and appear on the Registrars website

Title:			
Address:			
Telephone No:		Fax No:	
Website address			

2(a) DETAILS OF APPLICANT

Please give the full name, home address, e-mail address and telephone number of the person making the application. This person is normally the Proprietor or Trustee of the Premises. (see Guidance Part 1.1)

Name:	
Home Address:	
E-mail address:	
Telephone No:	

2(b) If the venue is part of a limited company, please give the address of the registered office.

Company:	
Address:	
E-mail address:	
Telephone No:	

If an approval is granted the Applicant at 2(a) will be known as the "Approval Holder" and will be responsible for ensuring all conditions and requirements are satisfied in respect of the premises for its use as a venue for civil partnership registration.

3. NATURE OF PREMISES

Please describe the nature of the premises (e.g.Hotel, Civic Building etc.) and the primary and other uses to which they are regularly put. (see Guidance Part 1.2 and Appendix A)

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4. OCCUPIER OF PREMISES

Is the person named in Section 2 the sole occupier of the Premises?

Yes	
No	

If No, please give the names and addresses of other occupiers and the nature of their occupancy below:

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5. FUNCTION ROOM(S)

Please describe the primary and other use(s) of the room(s) which is (are) to be used for civil partnership registration (e.g. Banqueting hall, conference room, garden area, marquee etc.)

Please also state the maximum number of people who are permitted to occupy these room(s) under any fire certificate which applies. (see Guidance Part 1.3)

Room/Location	Max No:

Please ensure there is a separate confidential interview room conveniently located to the room to be used for civil partnership registration, which is available to the Registrar.

6. RESPONSIBLE PERSON(S)

Please give details of the person and his/her deputy who will be responsible on the day for arranging and co-ordinating the civil partnership and ensuring compliance with requirements and conditions as attached. (see Guidance Part 3.1)

Name:	
Occupation:	
Private Address:	
Telephone No:	
Home/Mobile:	

Name:	
Occupation:	
Private Address:	
Telephone No:	
Home/Mobile:	

7. ENCLOSURES

Enclosed with this application are:

- (1) Plans of the premises/location showing the function rooms to be used for civil partnership registration and interview room
- (2) Copy of fire certificate (where applicable)
- (3) Certificate of Public Liability Insurance
- (4) Application fee £400

(Cheques should be made payable to Antrim and Newtownabbey Borough Council)

PLEASE NOTE THE ABOVE (NO.7 1-4) IS NOT REQUIRED IF SUBMITTING ALONGSIDE A CIVIL MARRIAGE APPROVAL / RE-APPROVAL

8. DECLARATIONS AND SIGNATURE

- 1. I apply for the premises identified in Section 1 to be approved for civil partnership registration for a period of 3 years
- 2. I understand that:
 - (a) That the place may be inspected for suitability before approval is granted and, if this application is successful may be subject to subsequent inspection.
 - (b) The premises must satisfy the local authority on fire precautions and health and safety provisions.
 - (c) Approval, if granted will be for an inclusive 3 year period subject to revocation, suspension or variation.
 - (d) Approval, if granted, does not guarantee the availability of a Registrar
- 3. I enclose the documents requested in part 7 overleaf
- 4. I declare that:
 - (a) I have read and understood "Guidance to the Requirements and Conditions for Approved Premises for Civil Partnership Registration".
 - (b) The place has no recent or continuing religious connection.
 - (c) I have obtained any necessary permissions regarding use of and access to the premises
 - (d) I will publish in a prominent place notice of my application for a period of 21 days.
 - (e) If an Approval is granted, I will comply with the Conditions attached to the Approval.

Signature of Applicant:

Business Title:

Name in block capitals:

Date:

Please return to: Registrar , Antrim Civic Centre , 50 Stiles Way , Antrim, BT41 2UB

As part of the approval process carried out by Council all applications are sent to the Police to ascertain that the premises comply with their requirements and to verify that approval holders and responsible persons are fit and proper persons.

The Police have asked if it is possible to have dates of birth for the persons named in section 2(a) and section 6 to assist them in their checks and to speed up the approval process. **This information will be treated as confidential and will only be used for this purpose. It will not be held by the Registrars Office or passed to any other person.**

	Name	Date of Birth
Section 2(a) Applicant		
Responsible Person (1)		
Responsible Person (2)		

Thank you for your assistance.