

## LH CATERING EXEMPTION

Application for Late Hours Catering Exemption

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

Office Hours:

Mon – Thu: 08 Fri: 08

0830 – 1630 0830 – 1500

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 \_\_\_\_\_

1	To be completed if licence is to be held by the individual detailed below. If not $^{CP}$ 2				
	а	Full Name			
	b	Occupation			
	с	Home Address			
			Postcode:		
	d	Contact telephone numbers			
	е	Age, Date & Place of Birth	Age: DoB: Place:		
	f	Does the applicant carry out day-to- day management? If NO give full name, address and DoB of any employee or agent so engaged	YES / NO Name: Address: Postcode DoB:		
2	То	be completed if licence is to be held by	the Company or Partnership below. If not 🦃 1		
	а	Name of Company / Partnership			
	b	Address of registered or principle office			
			Postcode:		
	d	Full name / Private addresses and dates of birth of all directors or partners (continue on separate sheet if necessary)			
	е	Full name, address and date of birth of employee or agent engaged in day-to-day management	Name: Address: Postcode DoB:		
	С	Manager/Supervisor's telephone no.s			
3	Pre	emises to be exempted	Do not write in this box		
	а	Name (if any) & Address			
			Postcode:		
	b	Brief description including seating capacity, toilet accommodation and entrances & exits			

4	4 Duration of exemption (see note 1)			Do not write in this box					
	а	<ul><li>a Reason for exemption</li><li>b Period</li></ul>							
	b			From	/	/	to	/	/
	С	Proposed opening hour (24 hr format)	rs						
5	а	Details of proposed operestaurant / carryout, operestaurant / carryout	-						
	b	Type(s) of food							
6	<sup>a</sup> Subject to the provisions of the Rehabilitation of Offenders Act 1974 has any party named in 1 or 2 above been convicted of any crime or offence in any Court in the United Kingdom?						YES / NO		
	b	If YES please specify any convictions. N.B. All unspent crimes and offences must be declared. Continue on a separate sheet if necessary.	Date	Court		Offen	ice	Se	entence

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

I/We acknowledge receipt of a copy of the Standard Conditions attached by the Council to grants of this type of licence. I/We agree that any exemption granted to me/us may incorporate these conditions.

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.

Any applicant who in making application makes any statement which the applicant knows to be false or recklessly makes any statement which is false in material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £500.

Signature of Applicant	Date

## **NOTES FOR GUIDANCE**

- 1. An exemption can be granted either in respect of a particular occasion or during a special period not exceeding 2 months in any period of 12 months.
- 2. A detailed plan of the premises (4 copies) must be lodged with the application.
- 3. The application should be lodged at least 28 days before the date from which you wish the exemption to operate.