|  |  |
| --- | --- |
|  | Falkirk Council Licensing UnitFoundry4 Central ParkCentral BoulevardLarbertFK5 4RUTelephone: 01324 501575E- mail: licensing@falkirk.gov.uk |

**Deer (Scotland) Act 1996**

**Application for a Venison Dealer’s Licence**

1. All relevant questions must be answered in block letters or typescript. If you are providing an e-mail address this should be done in the required format for sending an e-mail.
2. Failure to fully and accurately complete any section (in particular question 6) of the application form and failure to submit the necessary supporting documentation may render it void.

**SECTION 1**

**Question 1**

|  |  |
| --- | --- |
| Is the application in respect of a new grant or renewal? | NEW / RENEWAL |
| If existing give details: | Licence No.:Expiry Date: |

**SECTION 2**

**Question 2**

To be completed only if the application is being made by a natural person (i.e. individual)

|  |  |
| --- | --- |
| (a) Full Name of applicant. |  |
| (b) Home Address (including postcode) |  |
| (c) Date of Birth |  |
| (d) Town and Country of Birth |  |
| (e) E-mail Address |  |
| (f) Mobile Telephone Number |  |
| (g) Home Telephone Number |  |
| (h) Works Telephone Number |  |

**Question 3**

|  |  |
| --- | --- |
| Do you intend to carry out the day to day management of the business? | YES/NO\* |

If you have answered NO you must complete question 5

**Question 4**

To be completed only if the application is by a non-natural (i.e. partnership or company).

|  |  |
| --- | --- |
| (a) Full name of partnership or company. (If a partnership a copy of the agreement must be submitted with the application). |  |
| (b) Address of principal/registered office (including postcode) |  |
| (c) Telephone Number of principal/registered office |  |
| (d) Registered Company Number |  |
| (e) E-mail Address |  |

(f) Names, private addresses and place and date of birth of its directors, partners or other persons responsible for its management (Continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

To be completed in respect of the employee or agent who is to carry on the day-to-day management of the activity in relation to which the application is made.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Mobile Telephone Number |  |
| Home Telephone Number |  |
| Work Telephone Number |  |

**Question 6**

|  |  |
| --- | --- |
| Does any of the persons named in questions 2, 4 or 5 above have any current convictions, conditional offers and or fixed penalties recorded against them **within or outwith the UK.** In the case of renewal application it refers only to such convictions, conditional offers and or fixed penalties since the licence was last granted. | YES / NO\* |

\*If yes disclose all such unspent or spent convictions, conditional offers and or fixed penalties.

Failure to disclose all convictions etc. will result in the application being returned to the applicant. (Continue on a separate sheet if necessary).

**(a) Convictions**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offence | Court or Country (outwith UK) | Sentence/Penalty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(b) Conditional Offers and Fixed Penalties**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offence | Country (outwith UK) | Sentence/Penalty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Question 7**

|  |  |
| --- | --- |
| Has any person named in questions 2, 4 or 5 lived outwith the United Kingdom for a period of six months or more within the last 10 years? In the case of renewal application it applies to any person living outwith the United Kingdom since last grant of licence. | YES / NO\* |

\* If yes you are required to provide a Criminal Record Check/ verification from the Embassy of the country you resided in. Information on how to obtain this is contained within the guidance notes.

**Question 8**

|  |  |
| --- | --- |
| (a) Has any person named in questions 2, 4 or 5 above ever applied for and been refused a Venison Dealers Licence by this or any other authority? | YES / NO\* |
| (b) If yes which authority refused the licence? |  |
| (c) When was it refused? |  |

**SECTION 3**

**Question 9**

Details of premises to be licensed.

|  |  |
| --- | --- |
| Full postal address, including trading name of premises to be licensed. |  |

**Question 10**

Details of the way in which the business will operate.

**SECTION 4**

**Question 11**

CHECKLIST OF PAPERWORK SUPPORTING THIS APPLICATION

The following relevant documentation must be submitted with the application if required otherwise the application will not be accepted

|  |  |
| --- | --- |
| **I confirm that I have enclosed the following** | **Submitted** |
| (a) Photographic Identification (New applications submitted by individual only) |  |
| (b) Proof of address (new applications submitted by individual only). |  |
| (c) Criminal Record Check/Verification from Embassy. This applies to all persons named on the application who have lived outwith the UK for any period of at least 6 months within the last 10 years. |  |
| (d) Copy of partnership agreement if required. |  |
| (e) Location plan showing at least two named roads and surrounding buildings or the situation of the application site in relation to the locality. The application site must be clearly marked and include all of the land relating to the area to be licensed. |  |
| (f) Copy of controlled waste transfer note. |  |

**SECTION 5**

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Venison Dealer’s Licence.

Date:

Signature of applicant/agent:

Or Agent address:

**COMPANY, PARTNERSHIP, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Venison Dealer’s Licence

Date:

Signature of person authorised to sign on behalf of company/partnership:

Address of Signatory:

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide an e-mail address for correspondence where appropriate.Applicant □ Employer □ Manager □E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.