



**APPLICATION FOR THE GRANT/RENEWAL/VARIATION/TRANSFER OF AN
INDOOR SPORTS LICENCE**

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 (AS AMENDED)

To: Environmental Health, North Devon District Council, Civic Centre, Barnstaple, Devon, EX31 1EA

Details of 1st Applicant	Details of 2nd Applicant
Surname	Surname
Forenames	Forenames
Private Address	Private Address
Post Code	Post Code
Telephone No. (STD)	Telephone No. (STD)

Details of Agent
Full name and address of agent, if acting on behalf of applicant(s)
Post Code Telephone No. (STD)

Name of Premises
Full Address
Post Code Telephone No. (STD)

Description of area/room to be licensed:

This application is for:	Hours of operation of licence (state days of week and start and finish times):
a) ANNUAL LICENCE* b) OCCASIONAL LICENCE* c) VARIATION OF LICENCE* d) TRANSFER OF LICENCE*	

Is there likely to be any specialist equipment (e.g. electrical) temporarily installed? YES/NO*. If yes please give details if known	Number of persons applied for:

A FEE OF £ IS REQUIRED TO ACCOMPANY THIS APPLICATION.

Signature Date.....

* Please delete as required.

We want to know if we give as good a service as we can to all people. To help us do this, please also complete the information below as part of your application. It is a Government requirement for us to ask these questions, however your response is optional. This information will be confidential and not passed to any other persons within the Council.

We are committed to giving an equal service to all members of the public. This means that we will not treat you any differently from someone else because of your sex; colour; race; nationality; ethnic, regional or national origin; age; marital status; disability; political or religious belief; sexuality or class.

Equal Opportunities	Strictly Confidential
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By answering the following questions, you will help us to make sure we give a good and fair service to **all** people in the community. (Please ✓ the relevant boxes or expand where applicable.)

Are you:

Male Female What was your age last birthday?

Do you have a longstanding illness, disability or infirmity?

(Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time.)

YES NO

To which of these groups do you belong:

White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> Other <input type="checkbox"/>	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other asian background <input type="checkbox"/> Chinese or other ethnic group <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Employment

Which of these activities best describes what you are doing at present?
 (Please ✓ one box only – 'looking after the home' should only be chosen if this is your main activity and none of the other options apply.)

Employee in full time job (30 hours plus) <input type="checkbox"/> Self-employed full or part time <input type="checkbox"/> Looking After the Home <input type="checkbox"/> Full time education – school/college/Univ. <input type="checkbox"/> Unemployed and available for work <input type="checkbox"/> Wholly retired from work <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Employee in part time job (16 – 30 hours) <input type="checkbox"/> Government support training scheme (Apprenticeship, National Traineeship, Training for Work, Adult Training.) <input type="checkbox"/> Permanently sick or disabled <input type="checkbox"/> Doing something else: <input type="checkbox"/>
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What is/was your occupation? _____