



**Belfast
City Council**

Building Control
Ground Floor, Cecil Ward Building,
4 - 10 Linenhall Street
Belfast BT2 8BP
Tel: 028 9027 0650
Email: buildingcontrol@belfastcity.gov.uk

Form EL-2

OFFICE USE ONLY

Additional Information for the Provisional Grant or Grant of an Entertainments Licence

You will need to complete this form as well as **Form EL-1** if you are making an application for the Grant of an Entertainments Licence. If you need any help filling in this form call us on **028 9027 0650** or come into our office.

I. Additional details about the premises/location where the entertainment is to take place

Premises/location name: _____
Address and postcode: _____

If you don't own the premises/location please provide name and address of the owner
Name of owner: _____
Address and postcode of owner: _____

Do you (the applicant):

own the premises

lease the premises

other (please specify) _____

Phone number: _____
Email address: _____

Statutory Approvals

If your application relates to a new building, a change of use to an existing building, or you propose to alter or extend an existing building have you applied for:

a) Building Regulations (Building Control) approval? Yes No

If **'Yes'** provide your Building Control Reference Number: _____

If **'No'** we advise that you should contact us and we can offer a free pre-submission consultation on you proposals.

b) Planning Permission? Yes No Not required

If **'Yes'** please give the Planning Reference Number: _____

If **'No'** we advise that you should contact the Belfast Planning Service on their central contact number 0300 200 7830 or email planning@belfastcity.gov.uk to check if you need planning permission. If a premises needs planning permission we will not issue an Entertainment Licence until it has been obtained.

Note: You may also need approvals from other sections of the Council or from other Government agencies before carrying out any proposed work – for example from the council's Environmental Health Food Safety team if you will be serving food, listed building consent from NI Environment Agency (Built Heritage/Listed Buildings) if your property is listed, permission from NI Water if you plan to build over or divert a mains sewer. Please contact the relevant organisation. Your architect or designer should be able to tell you what statutory approvals you need.

Liquor licence

Is the premises covered by a liquor licence? Yes No **(if No go to Section 2)**

If 'Yes' please provide the following details:

Name of licensee: _____

Type of liquor licence: _____

Additional permitted hours Yes No

Note: Registered Clubs are not required to fill this part in.

2. Days, hours, and location in the premises where entertainment is to take place

Proposed days and hours of use

Tell us the days and hours during which you intend to provide entertainment in the premises

Days	From	To

Note: Should you apply for hours beyond 01:00 am your application will have to be considered by our Licensing Committee.

If you wish to extend the hours of entertainment beyond 01:00am please outline your reasons

Indoor Entertainment - room/area where entertainment is to take place

Tell us in which room/s or area/s of the premises you intend to provide entertainment and the maximum number of people each area would hold.

Name of room/area	No. of people

Note: You should estimate the number of people each room/area will hold. On receipt of your layout plans of the premises we will calculate the actual number that the room/area can safely hold.

3. Management of the premises/location

Who will be responsible for the day-to-day management of the premises?

(please give us details of every person who will be responsible – continue on separate sheet if necessary)

First name/s: _____

First name/s: _____

Last name: _____

Last name: _____

Position to be held: _____

Position to be held: _____

Landline phone number: _____

Landline phone number: _____

Mobile phone number: _____

Mobile phone number: _____

(You must give us at least one contact telephone number)

(You must give us at least one contact telephone number)

Email address: _____

Email address: _____

Don't use e-mail

Don't use e-mail

(When appropriate, e-mail is our preferred means of contact)

(When appropriate, e-mail is our preferred means of contact)

Is the above person 18 years of age?

Yes No

Is the above person 18 years of age?

Yes No

(you must be at least 18 years old to be responsible for the day-to-day management of a venue with an Entertainments Licence)

(you must be at least 18 years old to be responsible for the day-to-day management of a venue with an Entertainments Licence)

4. Company/Partnership details

Tick if this application is being made by a Limited Company or a Partnership

Limited Company Partnership

If the application is being made by a **Limited Company** tell us:

Company name: _____

Company Registration No.: _____

Provide details for each company Director/s or Partner/s

(continue on a separate sheet if necessary)

First name/s: _____

First name/s: _____

Last name: _____

Last name: _____

Date of birth: _____

Date of birth: _____

Home address and postcode: _____

Home address and postcode: _____

5. Details of previous or existing Entertainment Licences held

If you (the applicant) hold or have held an Entertainments Licence before please complete the following

(continue on separate sheet if necessary)

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

6. Declaration

I am/we are providing this information in addition to that given on **Form EL I** and that the information I/we have given in this form is correct and complete

Name of applicant (print) _____

Signature of applicant: _____

Date: _____

Note: For details of how we will use information about you see our privacy notice on the Entertainments Licence Application Form EL-I and corporate information about privacy and GDPR can be found at: www.belfastcity.gov.uk/privacy.

**Please submit this form along with a completed
Entertainments Licence Application Form EL-I**