



OFFICE USE ONLY

REF. NO: _____

AMOUNT RECEIVED: _____

PAYMENT TYPE: _____

DATE RECEIVED: _____

**THE LICENSING (SCOTLAND) ACT 2005
APPLICATION FOR PLANNING CERTIFICATE UNDER SECTION 50**

1. Name and Address of Applicant and Agent (if appropriate)	_____

Daytime Telephone No:	_____
E-mail Address:	_____
2. Address of Premises	_____

3. Existing or approved use of premises for which a Licence is sought eg. Public House, Restaurant etc.	_____

4. Provide the following information:-	
(i) Date and reference of Planning Permission;	_____
or	
Date and reference of Certificate of Lawful Use or Development;	_____
(ii) Plans of Premises including Location Plan	

I/We hereby certify that the plans accompanying this application are an exact copy of the plans I/we intend to lodge with North Ayrshire Licensing Board.

Signature of Applicant/Agent: _____ **Date** _____

**ADDRESS TO WHICH APPLICATION SHOULD BE SUBMITTED TOGETHER WITH 1 SET OF PLANS
AND A FEE OF £100**

**NORTH AYRSHIRE COUNCIL
Development Management
Corporate Services
Cunninghame House
IRVINE
KA12 8EE**

**Telephone: (01294) 324319
Fax: (01294) 324372**