



Licensing Authority, 4th Floor Laurence House, SE6 4RU

Application for premises to be approved as a venue for marriages

in pursuance of Section 26(1)(bb) of the Marriage Act 1949 and civil partnerships in pursuance of Section 6(3A)(a) of the Civil Partnership Act 2004

Secular Premises

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals. In all cases ensure that you answers are inside the boxes in written black ink. Use additional sheets if necessary.

Part 1 - Applicant Details

The application must be made by the proprietor or a trustee of the premises. If successful the applicant will be the holder of the approval.

Should the application be made on behalf of a limited company there should be a separate statement of the names and addresses of all the Directors.

Applicants full name	
Applicants postal address (private address for a person, or registered address and main trading address for a company)	
Post town	Post code
Telephone number(s)	
Main trading address of company	

Part 2 - Responsible Person

Full name	
Postal address	
Post town	Post code
Telephone number(s)	
Position held in company	

Part 3 - Premises Details

Name, postal address of the premises which are subject of this application:	
Post town	Post code
Telephone number(s)	
Nature of the premises (e.g. hotel, stately home, civic accommodation)	
Primary and other uses to which it is regularly put	
Please list days and times you intend on carrying out ceremonies at the premises	
Is the person or company named in reply to Part 1 the occupier of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state the occupier:	
Full name	
Postal address	
Post town	Post code

Part 4 - Marriage Rooms

Please describe the room/s it is proposed to use for the conduct of civil marriage ceremonies (e.g. ground floor conference room, first floor council chamber)	
Will the room/s be available for regular use as a venue for civil marriages	Yes <input type="checkbox"/> No <input type="checkbox"/>
State the anticipated number of occasions for which the premises shall be used over the three year period for the conduct of civil marriages:	

Please state the maximum occupancy for each room, as per the fire certificate (and attach a copy of any certificate in force).

Please identify an additional separate room the Registrar may use prior to the ceremony to interview the couple to be married.

Are car parking facilities available in the immediate vicinity of the premises?

Yes No

If yes state number of spaces:

If no, specify the nearest car park facility

Describe the arrangement to be provided for access and facilities for people with disabilities attending weddings

Specify the numbers of sanitary facilities available for:

Female

Male

Disabled

Part 5 - Checklist

please tick

▶ I apply for the premises named at Part 3 to be approved for regular use for the solemnisation of marriages and the registration of civil partnerships.

▶ I enclose plans of the premises showing all the room/s in which it is intended that marriages or civil partnerships will take place.

I understand that:

▶ the premises will be inspected for suitability before approval is granted, and if this application is successful, may be subject to subsequent inspection.

▶ approval, if granted, will be for a three year period, subject to revocation and

▶ the premises must satisfy the local authority on fire precautions and health and safety provision

▶ Public notice of the application will be given by advertisement on the Council's website with a period of three weeks allocated for objections to be lodged;

Part 6 - Declarations

I declare that:

- ▶ I have read and understood the information contained in this form and annexes A, B, C:
 1. General Conditions

- ▶ The building is not a register office or religious premises

I further declare that, if approval is granted:

1. the premises will be regularly available for public use as either the solemnization of marriages or the registration of civil partnerships; and
2. I will comply with the standard conditions and any local conditions attached to that grant of approval

Part 7 - Signatures

Signature of applicant

Date

Interest in the premises

Contact name (where not previously given) and address for correspondence associated with this application is this is different from the information provided in Section 1.

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by email, your email address (optional)

Please return the completed application form and items as requested to Lewisham Licensing Authority, 4th Floor, Laurence House, SE6 4RU

We do not accept cheques as a method of payment. Once the application is received, an officer will call for payment to be made by debit/credit card.

Fee - £385.00– New Application

Fee - £385.00– Renewal