

## Worcestershire

## Application for a licence to use premises for civil marriage and civil partnership

**The Marriages and Civil Partnership (Approve Premises) Regulations 2005** 

Email to jchilde@worcestershire.gov.uk

Telephone 01905 846309

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

Section 1 of 4	
Name and addre	ess of premises
Name:	
Address:	
Telephone No:	
Email:	
	nt acting on behalf of the applicant? Choose an item.  ovide the name and address of agent:
Name:	
Address:	
Telephone No:	
<b>□</b>	

Full names and p	private address of applicant
Name:	
Address:	
Telephone No:	
Email:	
•	
	is made by a limited company please give the address of the registered office d address(s) of all Directors. (Continue on a separate sheet as necessary)
Name:	
Address:	
Telephone No:	
Email:	
Is the person of	the above company the occupier of the premises? Choose an item.
If no please give	names and addresses of occupiers
Name:	
Address:	
Telephone No:	
Email:	

Address official correspondence should be sent to if different from above				
Name:				
Address:				
Telephone No:				
Email:				
Linaii.				
Section 2 of 4				
About the Change				
What changes do you want to make?				
Surrender the licence (please complete section 2a)				
Transfer the licence (please complete section 2b)				
Report a change (please complete section 2c)				
Add a room/increase room capacity (please complete section 2d)				
Section 2a Surrender the licence				
The licence is no longer needed.  Is the surrender required with immediate effect? Choose an item.				
If no, please provide the date of surrender Click here to enter a date.				
Section 2b Transferring the license				
Transferring the licence				
Is the transfer required with immediate effect? Choose an item.				
If no, please provide the date of transfer Click here to enter a date.				
Section 2c Report a change				
Report a change  Describe in detail the changes to be made. Tick all that apply				
Report a change  Describe in detail the changes to be made. Tick all that apply  □ Premises name change				
Report a change  Describe in detail the changes to be made. Tick all that apply				

Section 2d			
Add a room/inci	rease room capacity		
List room to be a	addad balaw:		
List room to be a	Room Name	Capacit	v
			_
			$\dashv$
Please ensure v	ou indicate the location of all rooms on plans submitted w	ith this annl	ication
i icase crisare j		ιαι από αρρι	loation
List rooms to be	e increased below		
	Room Name	Old	New
		Capacity	Capacity
Section 3 of 4 Additional deta	nile		
Additional deta	3115		
Provide any add	ditional information which is required or relevant to your ap	plication (ch	neck for local
guidance notes	and conditions which may provide details of specific requi	rements in y	our area)
Section 4 of 4			
Payment details	3		
Calaat ana af th	a fallouing antional		
Select one of th	e following options:		
☐ Transfer lice	ence or report a change £35.00		
(for a chang	e of Responsible Persons there is no charge)		
□ Inoroses se	agaity of room(a) CZE CC		
☐ Increase cap	pacity of room(s) £75.00		
☐ Addition of a	a room(s) to existing licence £235.00		
T1: (		11.7.347	
I hid too miliat h	a bala ta tha alltharity althar by eard ar abacus mada baya	NOIO +0 1/1/050	· o o t o r o b i r o

This fee must be paid to the authority either by card or cheque made payable to Worcestershire County Council.

I am aware of the provisions of The Marriage Act 1994. The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.				
Ticking this box indicates you have read and understood the above declaration				
nis section should be completed by the applicant, unless you answered "Yes" to the lestion "Are you an agent acting on behalf of the applicant?"				
Full Name:				
Capacity:				
Date: Click here to enter a date.				

Once you're finished you need to do the following:

**Declaration** 

- 1. Save this form to your computer by clicking file/save as...
- 2. Email or post this form together with the relevant payment and plans if adding rooms

Postal applications should be sent to: Registration & Coroner Services Manager, Cultural Services County Hall, Spetchley Road, Worcester, WR5 2NP