

**(Before completing application form please refer to Film Exhibition Notes)**

**ANGUS COUNCIL**

**CINEMAS ACT 1985**

**APPLICATION FOR A FILM EXHIBITION LICENCE**

PLEASE TICK FOR  
**Grant**   
**or**  
**Renewal**

1.	Full name of applicant (including maiden name if applicable), to be licensed		
2.	Home address/Business Address (including postcode)  Telephone Number/Mobile Number  E-mail Address	Home	Business
3.	State whether owner, lessee or manager etc of premises.  If manager, state for whom.		
4.	Name(s) and Address(es) of premises for which licence is being applied.		
5.	Are the premises a cinema?	YES/NO	
6.	If the premises are not a cinema, state:  (a) main use of premises:  (b) precise area to be used for films:		
7.	State whether premises are:  (a) Permanent  (b) Moveable		

**FOR OFFICE USE ONLY**

**PLEASE COMPLETE REVERSE OF FORM**

Date, Amount and Receipt Number	Date Passed to Consultees	Date Observations Received	
		Police .....	
		Fire .....	
		Finance .....	
Date of Decision	Decision	Expiry Date	Licence Number and Date of Issue

