



**WEDDING PREMISES VENUE APPROVAL APPLICATION FORM**  
**FOR CIVIL MARRIAGES/CIVIL PARTNERSHIPS UNDER**  
**REGULATION 16, THE MARRIAGE REGULATIONS (NI) 2003 AND**  
**REGULATION 8, THE CIVIL PARTNERSHIP REGULATIONS (NI) 2005**

Application Type: (tick as appropriate)

|                                                            |  |                                                                       |  |
|------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| <b>Grant of Venue Approval</b>                             |  | <b>Renewal of Venue Approval</b>                                      |  |
| <b>Temporary Venue<br/>(Disregard section 6 )</b>          |  | <b>Three year Approval<br/>(Complete all Sections)</b>                |  |
| <b>Amendment to Rooms<br/>(Complete sections 2a and 5)</b> |  | <b>Change to Responsible Persons<br/>(complete sections 2a and 6)</b> |  |

Mid and East Antrim Borough Council is collecting and processing your personal information to fulfil our legal obligation & public task in relation to managing requests across our services.

We will keep your information secure, accurate and for no longer than is necessary in accordance with data protection laws.

*Your information and that of responsible persons may be shared with PSNI and NIFRS and other statutory bodies for the purpose above.*

If you wish to find out more about how we control and process personal data and protect your privacy please see [www.midandeantrim.gov.uk/privacy-notice](http://www.midandeantrim.gov.uk/privacy-notice)

## 1. DETAILS OF PREMISES

Please give the full name, address and telephone and fax number of the Premises. Information in section 1 will be available to the public and will appear on the Public Register.

|                 |  |
|-----------------|--|
| Name of Venue   |  |
| Address         |  |
| Telephone       |  |
| Website address |  |

## 2(a) DETAILS OF APPLICANT

Please give the full name, home address, email address and telephone number of the person making the application. This person is **normally the Proprietor or Trustee** of the Premises.

|              |  |
|--------------|--|
| Name         |  |
| Home Address |  |
| E-mail       |  |
| Telephone    |  |

2(b) If the venue is part of a limited company, please give the address of the registered office.

|           |  |
|-----------|--|
| Company   |  |
| Address   |  |
| E-mail    |  |
| Telephone |  |

If an approval is granted the Applicant at 2(a) will be known as the “Approval Holder” and will be responsible for ensuring all conditions and requirements are satisfied in respect of the premises for its use as a Venue for Civil Marriages/Civil Partnerships

### 3. NATURE OF PREMISES

Please describe the nature of the premises (e.g. Hotel, Civic Building etc.) and the primary and other uses to which they are regularly put.

### 4. OCCUPIER OF PREMISES

Is the person named in Section 2 the sole occupier of the Premises?

Yes  No

If No, please give the names and addresses of other occupiers and the nature of their occupancy below:

|  |
|--|
|  |
|--|

**5. CEREMONY/REGISTRATION ROOMS/AREAS**

Please describe the primary and other use(s) of the room(s) which are to be used for marriage ceremonies/civil partnership registrations

(e.g. Banqueting hall, conference room, specific garden area, marquee etc)

| <b>Room/Location :</b> |
|------------------------|
|                        |
|                        |
|                        |
|                        |
|                        |
|                        |
|                        |
|                        |
|                        |

## 6. RESPONSIBLE PERSON(S)

Please give details of the person and his/her deputy who will be responsible on the day for arranging and co-ordinating the ceremony/registration and ensuring compliance with requirements and conditions as attached.

|                 |  |
|-----------------|--|
| Name            |  |
| Occupation      |  |
| Private Address |  |
| Telephone       |  |
| Date of Birth   |  |

|                 |  |
|-----------------|--|
| Name            |  |
| Occupation      |  |
| Private Address |  |
| Telephone       |  |
| Date of Birth   |  |

|                 |  |
|-----------------|--|
| Name            |  |
| Occupation      |  |
| Private Address |  |
| Telephone       |  |
| Date of Birth   |  |

|                 |  |
|-----------------|--|
| Name            |  |
| Occupation      |  |
| Private Address |  |
| Telephone       |  |
| Date of Birth   |  |

## 7. ENCLOSURES

Enclosed with this application are:

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 2 copies of layout plans for the premises showing the ceremony/ registration rooms and any outdoor areas (New Applications Only) |  |
| Electrical Installation Condition Report (within last 3 years)                                                                   |  |
| Emergency and Escape Lighting System Inspection Report                                                                           |  |
| Fire Alarm and Detection System Inspection Report                                                                                |  |
| Certificate of Inspection for Firefighting Equipment                                                                             |  |
| Copy of Fire Risk Assessment                                                                                                     |  |
| Certificate of Public Liability Insurance                                                                                        |  |
| Application fee of £460 (Grant or Renewal)                                                                                       |  |

**Please note: applications without payment will not be processed. If payment is rejected the application will be void.**

Please return your completed form to [licensing@midandeantrim.gov.uk](mailto:licensing@midandeantrim.gov.uk)

Or by post to the following address:

Licensing Section, Public Protection Health & Wellbeing Department  
Larne Market Yard, Station Road, Larne BT40 3AA

**Marriage Place Approval fees can be paid in following ways:-**

Prescribed fees for renewal (valid for 3 years) will be £460.

**Payment via phone and Bacs can be made, or cash payments can be processed at Receptions at**

- Larne Market Yard, Station Road, Larne
- Carrickfergus Civic Centre, Antrim Street, Carrickfergus
- The Braid, Bridge Street, Ballymena.

Payment can be made by

1. Contacting the cash desk at 0300 124 5000 and paying by card or
2. by Bacs transfer to Danske bank, sort code 95 07 97, Account No 00025828 (please add "AppVenLicence" and premise name as reference and forward remittance to [licensing@midandeantrim.gov.uk](mailto:licensing@midandeantrim.gov.uk))
3. Cheques should be made payable to Mid and East Antrim Borough Council. (Please do not send cash in the post).

## 8. DECLARATIONS AND SIGNATURE

1. I apply for the premises identified in Section 1 to be approved for solemnisation of civil marriage/civil partnership for a period of 3 years.
2. I understand that:
  - (a) The place may be inspected for suitability before approval is granted and, if this application is successful may be subject to subsequent inspection.
  - (b) The premises must satisfy the local authority on fire precautions and health and safety provisions.
  - (c) Approval, if granted will be for an inclusive 3 year period subject to revocation, suspension or variation.
  - (d) Approval, if granted, does not guarantee the availability of a Registrar.
3. I enclose the documents requested in part 7 above.
4. I declare that:
  - (a) I have read and understood “Guidance to the Requirements and Conditions for Approved Premises for Civil Marriages/Civil Partnerships”.
  - (b) The place has no recent or continuing religious connection.
  - (c) I have obtained any necessary permissions regarding use of and access to the premises.
  - (d) I will publish in a prominent place notice of my application for a period of 21 days.
  - (e) If an Approval is granted, I will comply with the Conditions attached to the Approval.

Applicant signature

Name in block capitals

Date:



**The Civil Partnership Regulations (NI) 2005  
The Marriage Regulations (NI) 2003**

**APPLICATION FOR APPROVAL AS A VENUE FOR MARRIAGE/CIVIL PARTNERSHIP**

NOTICE IS HEREBY GIVEN THAT \_\_\_\_\_

*(name of applicant)* has applied to Mid and East Antrim Borough Council, for the Approval of areas within the premises at

\_\_\_\_\_  
*(name and address of premises)* to be approved as a Venue for Marriage/Civil Partnerships\*.

Any objection relating to the application should be made within 21 days of the date of this notice. The objection should be addressed to Licensing Section, Public Protection, Health and Wellbeing Department, Mid & East Antrim Borough Council, Larne Market Yard, Station Road, Larne BT40 3AA (or email [licensing@midandeastantrim.gov.uk](mailto:licensing@midandeastantrim.gov.uk))

Any objection must be in writing and must specify the grounds of the objection, the name and address of the person making it and must be signed by him/her or his/her agent.

Such a representation shall be considered to have been made within the period referred to if it is delivered by hand, within that period or post (by registered or recorded delivery post) so that in the normal course of post it might be expected to be delivered within that period.

It should also be noted that where an objection is made to the Council after the date referred but before a final decision is taken on the application, it is competent for the Council to entertain it if satisfied that there is sufficient reason why the objection was not made within the period of time stated.

*(Applicant's signature)* \_\_\_\_\_ *(Date)* \_\_\_\_\_

**This Site Notice must be displayed for the whole of the period of twenty one days in a prominent place at or near the premises so that it can be conveniently read by the public.**

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I \_\_\_\_\_ *(applicant)* hereby certify that for a period of at least 21 days ending on \_\_\_\_\_, I displayed this Site Notice in a prominent place at or near the premises so that it could be conveniently be read by the public.

*(Applicant's signature)* \_\_\_\_\_ *(Date)* \_\_\_\_\_

On completion of 21 days notice please return this form to [licensing@midandeastantrim.gov.uk](mailto:licensing@midandeastantrim.gov.uk)