



**COMHAIRLE AN IUIR AGUS MHORN  
NEWRY AND MOURNE DISTRICT COUNCIL**

**APPLICATION FOR TEMPORARY APPROVAL AS AN APPROVED PLACE  
FOR CIVIL PARTNERSHIP REGISTRATON**

1(a) Premises/Place name and address	1(b) *Applicant's name and address
Tel No. _____	Tel No. _____

**2. Description of place and primary and other uses to which it is regularly put.**

**3. Occupier of place If occupier different from applicant, please state name and address.**

**4. Date and time of Civil Partnership \_\_\_\_\_**

**5. Number of intended guests attending \_\_\_\_\_**

**6. Do premises have a current Entertainments Licence?      yes       no**

**7. Please give details of person who will be responsible on the day for arranging and co-ordinating the Civil Partnership.**

I APPLY for the place named above to be approved for use for the solemnisation of civil partnerships in the presence of a Registrar.

I attach the following:

3 copies of a plan of the place.  
details of **public liability** insurance in respect of the place for which approval is sought.  
fee of £150.

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) Approval, if granted, will be for the date stated on the temporary approval, subject to revocation, suspension or variation.
- (c) The place must satisfy the Local Authority on fire precautions and health and safety provisions.

I DECLARE that -

- (a) I have read and understood the information contained in this form and Appendices, E and C, attached;
- (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.

This application must be made by either of the parties to the Civil Partnership. If successful the applicant will be the holder of the approval.

Signature of applicant: \_\_\_\_\_

Name in block capitals \_\_\_\_\_ Date \_\_\_\_\_

**This form when completed must be forwarded to Newry and Mourne District Council, Building Control Department, Licensing Section, O'Hagan House, Monaghan Row, Newry BT35 8DJ together with cheque for £150.**

