

**Calderdale Registration Service**

Ceremony Coordinator  
The Register Office  
Spring Hall  
Huddersfield Road  
Halifax  
HX3 0AQ



Tel: 01422 288080

Email: ceremonies.team@calderdale.gov.uk

**APPLICATION FOR APPROVAL OF PREMISES FOR THE  
SOLEMNIZATION OF MARRIAGES AND FORMATION OF CIVIL  
PARTNERSHIPS  
S26(1)(bb) Marriage Act 1949 /  
S6 (3A)(a) Civil Partnership Act 2004**

**Please read the following document when completing your application;**

Guidance to Applicants

**The completed form, accompanied by the following, should be sent to  
The Register Office**

- a) Fee £1273
- b) 1 copy of the plan of the premises; identifying the layout of the premises for which you are seeking approval and identifying the ceremony room and the room to be used by the Registrar prior to the ceremony
- c) Planning consent; confirming the premises has appropriate planning consent for public use, including marriages and civil partnerships

**DATA PROTECTION ACT 2018**

Calderdale Metropolitan Borough Council requires this information in order to process your application for a licence. The Council is under a duty to protect the public funds it administers and may use the information you have provided within the Authority for the prevention and detection of fraud. From time to time, as prescribed by Law, we will share your information with other Government Departments such as the Inland Revenue, Benefits Agency and the Police.

**Type of Application**  
(Please tick)

<b>Grant</b>	<input type="checkbox"/>
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<b>Renewal</b>	<input type="checkbox"/>
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**SECTION 1: APPLICANT(S)**

<b>If Renewal - Date of Expiry</b>	<input type="text"/>
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**First or only applicant**

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name(s):	<input type="text"/>		
Home Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Home Telephone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Work Telephone Number:	<input type="text"/>
Email address:	<input type="text"/>		

**Second applicant (if applicable)**

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name(s):	<input type="text"/>		
Home Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Home Telephone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Work Telephone Number:	<input type="text"/>
Email address:	<input type="text"/>		

**SECTION 2: DETAILS OF COMPANY, SOCIETY OR OTHER BODY – If applicant**

Name of Company:	<input type="text"/>		
Registered Office Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Telephone Number:	<input type="text"/>
Company Registration Number:	<input type="text"/>		

**Full name and private address of Company Secretary**

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name(s):	<input type="text"/>		
Home Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Home Telephone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Work Telephone Number:	<input type="text"/>
Email address:	<input type="text"/>		

**Full name and private address of ALL Directors responsible for the management of the Company , Society, Association or Body**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

**Please attach additional sheets if necessary**

**SECTION 3 DETAILS OF PARTNERSHIP – if applicant****1<sup>st</sup> Partner**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

**2<sup>nd</sup> Partner**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

**3<sup>rd</sup> Partner (if applicable)**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

**4<sup>th</sup> Partner (if applicable)**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

**Please attach additional sheets if necessary**

## SECTION 4 - DETAILS OF PREMISES

### Name and Full Postal Address of Premises

Name of Premises:			
Address:			
Post Code:		Telephone Number:	
Email address:			

### Room(s) to be used for civil marriage ceremonies/civil partnership proceedings

<b>Room 1</b> – Name (if any):
If used for other purposes – details: (eg: restaurant/conference room)
Occupancy (Refer to Fire Certificate):
<b>Room 2</b> – Name (if any):
If used for other purposes – details: (eg: restaurant/conference room)
Occupancy (Refer to Fire Certificate):
<b>Room 3</b> – Name (if any):
If used for other purposes – details: (eg: restaurant/conference room)
Occupancy (Refer to Fire Certificate):

**Please use an additional sheet if necessary**

**Important** – Four copies of the plans of the premises which clearly identify the room or rooms in which the civil marriage ceremonies/civil partnership proceedings will take place **MUST** accompany the application – if you intend to use different rooms for different proceedings these must be shown on the plan where appropriate.

### Proceedings which will take place at the premises

Do you intend to (please tick appropriate boxes)

Hold both civil marriage ceremonies and civil partnership proceedings?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Hold civil marriage ceremonies only?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Hold civil partnership proceedings only?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

### Interview Room

Is there a separate room, conveniently located, which the Register Office staff may use for the confidential interviewing of the couple who are to be married or take part in a civil partnership formation prior to the proceedings taking place? (please tick)

**Yes**  **No**

### Alterations to Premises

If this is a renewal application, have there been any alterations made to the premises since the approval was last granted or renewed? (please tick) **Yes**  **No**

If **Yes**, four copies of amended plans need to be submitted with the application, showing the alterations which have taken place and showing which rooms are to be used for proceedings.

Do the premises currently have the benefit of a Premises Licence or Club Premises Certificate issued under the Licensing Act 2003? (please tick) **Yes**  **No**

### SECTION 5 – RESPONSIBLE PERSON(S)

Please give details of the person(s) who are nominated as being the person/s that are responsible for arranging and coordinating matters for a marriage or civil partnership proceeding at the premises and ensuring compliance with instructions and requirements

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

### Deputy Responsible Person

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Please use an additional sheet if necessary

### SECTION 6 - GENERAL

Is there a disqualification order in force against any person being the Owner, Partner or Director of business in connection with the business? (please tick) **Yes**  **No**

Has the person(s) named as Owner, Partner, Director or Manager of the business ever been prosecuted for offences connected with the running of a premises approved for the solemnisation of marriages or conduct of civil partnership proceedings? (please tick) **Yes**  **No**

If **YES**, please give details:

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**SECTION 7 - DECLARATION**

I/WE apply for the premises named at Section Four above to be approved for regular use by the public as a venue for the solemnization of marriages and/or the formation of civil partnerships in the presence of the Superintendent Registrar.

I/WE understand that:

- a) the premises may be inspected for suitability before approval is granted/renewed, and if this application is successful, may be subject to a subsequent inspection;
- b) public notice of the application will be published on the council's website with a period of three weeks for objections;
- c) application, if granted/renewed, will be for a three year period, subject to revocation; and
- d) the premises must satisfy the Council on fire precautions and health and safety provisions.

I/WE declare that:

- a) I/WE have read and understand the information contained in the form and in the 'Guidance to Applicants for Premises to be Approved as a Venue for Marriages and Civil Partnerships;
- b) the premises will be regularly available for public use as a marriage/civil partnership proceedings venue; and
- c) I/WE will comply with the standard conditions and any local conditions attached to that grant/renewal of approval.

**Applicant One**

<b>Signature:</b> _____
<b>Name Printed:</b> _____
<b>Date:</b> _____
<b>Position:</b> _____
<b>If on behalf of, details:</b> _____

**Applicant Two (if applicable)**

<b>Signature:</b> _____
<b>Name Printed:</b> _____
<b>Date:</b> _____
<b>If on behalf of, details:</b> _____