

Application for Approval for a Place for the Solemnization of Civil Marriages and/or Formation of Civil Partnerships (Three Year Approval)

The Marriage Act 1984 (as amended) The Civil Partnership Act 2011 (as amended)

I apply for the place named in this form to be approved for the solemnization of civil marriages and/or the formation of civil partnerships. It is understood that before a decision is taken on the application, the suitability of the place will be assessed through an inspection by authorised representatives of the Civil Registry and, if found satisfactory, the place will be approved for the purpose of a 3 year period but will be subject to conditions. Section 2 of the Guidance Issued by the Clerk of the Rolls refers.

Please complete all information in BLOCK CAPITALS and in black ink.

Section 1 Details of Applicant

Please provide details of the applicant. If a company, the applicant must be an authorised representative. If Approval is granted, the applicant will be known as the Approval Holder.

Full Name:

Job Title:

Address:

Postcode:

Telephone No: Mobile No:

E-mail:

Proprietary interest:

If the owner is an organisation, e.g. limited liability, registered charity, board of trustees or other organisation, please enter the status of that body below.



Section 2 *Details of the Place Applying for Approval*

Please provide details of the place which is the subject of the application.

Name:

Address:

Postcode:

Telephone No:

E-mail:

Website:

Section 3 *Nature of the Place*

In relation to the place above, please describe its nature, (e.g. hotel, historic building) and the use to which it is regularly put.

Nature:

Regular use:

Section 4 *Type of Approval Sought*

Please indicate if Approval is sought for the purpose of the solemnization of civil marriages, the formation of civil partnerships or both.

Civil Marriage

Civil Partnership

Section 5 *Responsible Persons*

Please provide details of the person and his/her deputy who will be responsible for the aircraft, vehicle or vessel. These persons must ensure that one of them is present for a period beginning one hour before any ceremony, the duration and one hour after the conclusion of the ceremony with the authority to direct persons taking part in or attending the ceremony. The Approval Holder may nominate himself/herself to be a Responsible Person.

Full Name:

Job Title:

Telephone No:

Mobile No:

Direct E-mail:

Deputy Responsible Person

Full Name:

Job Title:

Telephone No:

Mobile No:

Direct E-mail:

Section 6 Ceremony Room(s)/Location(s)

Describe the room(s)/location(s) you propose to use for a civil ceremony (e.g. banqueting hall, conference room, garden area, marquee etc.). Please ensure you state the maximum number of people who are permitted to occupy the room(s)/location(s) seated under any Fire Certificate which applies. Please also indicate how regularly the room(s)/location(s) will be available for ceremonies. Please ensure you clearly indicate the room(s)/location(s) on the scale plan.

Room/Location:

Primary use:

Maximum occupancy:

Availability:

Room/Location:

Primary use:

Maximum occupancy:

Availability:

Room/Location:

Primary use:

Maximum occupancy:

Availability:

Please ensure there is a separate confidential interview room conveniently located to the ceremony room(s)/location(s) which is available to the Registrar.

Please enclose five copies of a scaled layout plan of the place, clearly indicating the room(s)/location(s) in which civil ceremonies are intended to take place and the confidential interview area. The plan must also show any connecting doors and exits.

Section 7 Further Information Regarding the Place

External Areas

(a) Has the Applicant full control over all external areas (e.g. gardens, driveways) on to which the place abuts?

Full control

Partial control

No control

If you have ticked **Partial control or No control**, please state what other use is made of the abutting areas and contact details of who is in control or is responsible for its usage. If permission is required to access the abutting areas, please enclose a statement or evidence of permission or right.

Section 7 Further Information Regarding the Place (continued)

Religious Activity

(b) Has the place any recent or continuing connection with any religion or religious activity?

Yes

No

If you have ticked **Yes**, please provide details.

Licenses

(c) Does the place currently have the benefit of any licenses?

Yes

No

If you have ticked **Yes**, please provide details.

Section 8 Enclosures

Enclosed with this application are:	✓	office use only
Five copies of plans and colour photographs of the place which clearly identify the room(s)/ location(s) in which civil ceremonies and interviews will take place.		
Five copies of plans, colour photographs and specifications (size, etc.) if a marquee		
Copy of current Fire Certificate detailing maximum numbers (seated theatre style with an aisle) and means of escape from the place		
Risk Assessment for each ceremony location and interview room		
Copy of Certificate of Public Liability Insurance		
Letter from Building Control confirming the change of use of premises (if applicable)		
Statement or evidence of permission/right under 7(a) (if applicable)		
Copies of Entertainment/Liquor, etc. Licenses under 7(c) (if applicable)		
Application fee (see current Fees Order)		

All payments must be made in Sterling and cheques should be made payable to 'Isle of Man Government'. Applications without payment and/or necessary enclosures will not be processed and will be returned to the applicant.

1. I confirm that I understand the basis on which this application is made. I understand that if a 3 Year Place Approval is granted, the place will be regularly available for public use for the solemnization of civil marriages and/or the formation of civil partnerships and will comply with the standard conditions and any local conditions attached to the Certificate of Approval.
2. I understand that:
 - (a) The place will be inspected for suitability before Approval is granted and, if this application is successful, may be subject to subsequent inspections during the period of the Approval;
 - (b) The place must satisfy the Chief Registrar on fire precautions and health and safety provisions;
 - (c) The Approval, if granted, will be for an inclusive 3 year period subject to revocation, suspension or variation;
 - (d) The Approval, if granted, does not guarantee the availability of a Registrar at any particular time.
3. I enclose the documents requested in Section 8.
4. I declare that:
 - (a) I have read and understood the conditions which apply to the Approval;
 - (b) The place is a seemly and dignified location;
 - (c) I have obtained any necessary permissions regarding use of and access to the place;
 - (d) If Approval is granted, the terms and conditions attached to the Certificate of Approval will be complied with.

Signature of Applicant:

Full Name:

Job Title:

Date:

When completed please send this form, necessary documentation and application fee to:-

Civil Registry
Registries Building
Deemsters Walk
Bucks Road
Douglas
Isle of Man
IM1 3AR

