

For Office Use	
Date received	
Officer in charge	
DVD requested?	
Date Film viewed (if relevant)	
Date referred to Sub Committee (if relevant)	
Date Authorised by Officer/Sub Committee	
Recommendations imposed?	
Date of Review against Officer decision (if relevant)	

The Licensing Team
 Ryedale District Council
 Ryedale House
 Old Malton Road
 Malton
 YO17 7HH

Application form for authorisation of film not classified by the British Board of Film Classification or Ryedale District Council

Please complete all sections in **BLOCK CAPITALS** in black ink

APPLICANT DETAILS	
TITLE <i>(delete as appropriate)</i> : Mr Mrs Miss Ms Other <i>(please state)</i>	
Surname	
Forenames	
PRIVATE ADDRESS (OR IF A BODY CORPORATE, NAME OF BODY AND REGISTERED ADDRESS)	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
Email address	
Web site address if applicable	

APPLICANT (please tick)									
Film Company	<input type="checkbox"/>	Festival Organiser	<input type="checkbox"/>	Current licence holder	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other <i>(please state)</i>	<input type="checkbox"/>

SCREENING VENUE DETAILS	
ADDRESS	
Post town	Post code

TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
Email address	
Web site address if applicable	

State whether venue is covered by a Premises Licence, Club Premises Certificate and/or Temporary Event Notice under the Licensing Act 2003	
State date(s) of proposed screening	
State time(s) of proposed screening	

FILM DETAILS			
Title	Director	Producer	Film Company
Run time (mins)	Target age group	If known, state a legal/legitimate internet site where film or portion of film is available to view without charge	

Has a recognised classification body either in the UK or overseas ever classified this film?	Yes / No
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<p>If yes, give details i.e. classification body and classification awarded</p>	
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<p>Has a recognised classification body either in the UK or overseas ever refused to classify this film?</p>	<p>Yes / No</p>
<p>If yes, give details</p>	

<p>State full and detailed synopsis of film identifying material within the film considered to be likely to have a bearing on age limit for the targeted audience N.B. (If film is to be shown to persons 18 and over state brief synopsis)</p>	<p style="text-align: right;"><i>(Continue on a separate sheet if necessary)</i></p>
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PROTECTION OF CHILDREN FROM HARM

<p>State what age restrictions (if any) have been made by the film maker on age limits for the intended audience</p>	
<p>State what age restrictions for viewing the film that you, the applicant, intend to impose</p>	
<p>State how you, the applicant, intends to enforce the age restrictions (please note anything listed here will form part of the Authorisation Approval)</p>	<p style="text-align: right;"><i>(Continue on a separate sheet if necessary)</i></p>

DECLARATION

<p>I/We declare that the material to be exhibited does not contravene the Obscene Publications Act 1959, the Copyright Design and Patents Act 1988 and any other relevant legislation and that the material has not been created through the commission of a criminal offence.</p> <p>I/We confirm that all relevant third party consents and licences in respect of any and all copyright, confidential information and other intellectual property rights have been obtained.</p>

SIGNATURE OF APPLICANT	
Signed by Applicant <i>(electronic signatures accepted)</i>	
Date	

Failure to sign and complete this form in full will result in a delay to your authorisation request.