



## The Safety of Sports Grounds (NI) Order 2006

APPLICATION FOR A SAFETY CERTIFICATE FOR A DESIGNATED VENUE

### **Venue details**

Name of Venue

Name of club or organisation  
That operate venue

Address of venue

  
  

Postcode:

Principle contact at venue and  
Address for correspondence  
(if different from above)

Name

Address

  

Postcode

Phone Number

Mobile Number

Email

Fax Number

**Name of Applicant**

(also known as the qualified person)

Address

  
  

Postcode

Phone Number

Mobile Number

Email

Status / Role of proposed qualified person within the management of the venue

\*Please attach a photocopy of the minute relating to the nomination of the Applicant / Qualified Person\*

How was the decision made regarding the appointment of this person?

Has this decision been included In minutes of a Committee Meeting, Board Meeting?

How was this decision conveyed to the individual?

Have they accepted this role?

List of sports to be played at  
The venue to be included in a  
General safety certificate

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Fee Included

Please tick box to confirm fee has  
been included

£100 as per Regulation 3 of the  
safety of Sports Grounds

\*Cheques to be made payable to  
(District Council)\*

**Completed applications to be forwarded to Environmental Health  
Department, Armagh City and District Council The Palace Demesne,  
Armagh BT60 4EL**

**Email: [ehhealth@armagh.gov.uk](mailto:ehhealth@armagh.gov.uk)**

**Tel: 028 3752 9626  
Fax: 028 3752 7184**