

**Equality Impact Assessment  
Level One  
Initial Screening**

**Service Area...Environmental Health/Licensing**

**Title of policy, procedure, strategy, function or working practice:  
Licensing Act 2003 - Statement of Policy**

**1. What are the aims, objectives and intended outcomes of the proposed policy, procedure, strategy, function or working practice to be assessed?**

To publish a Statement of Policy that the Council will apply in exercising their functions under the Licensing Act 2003.

**2. Who is intended to benefit from the policy, procedure, strategy, function or working practice and in what way? Think about who will benefit and how. This will prompt thoughts on who will not benefit and whether this can be justified.**

All residents and businesses associated with licensing will benefit because the Council will apply the policy in exercising their functions under the Licensing Act 2003.

Details of the amended policy were sent by letter to businesses with Licensing interests, Councilors, residents and community groups. These groups had twelve weeks to respond in a twelve week consultation period from 9 August to 1 November 2010.

A list of the Consultees is included in the Policy.

No comments or responses were received from these groups during this twelve week consultation period.

**3. Is there any evidence of impact on people on the grounds of Race, Religion, Gender, Disability, Sexual orientation and age as a result of this policy, procedure, strategy, function or working practice. If there is positive or negative impact then please indicate the levels.**

**a. Race**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**b. Religion**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**c. Gender**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**d. Disability**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**e. Sexual Orientation**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**f. Age**

Impact : Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Neutral	x
Level : High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	x

**4. Has any positive/negative impacts been identified which cannot be justified?**

NO - The effect is neutral because –

i)The Licensing Act 2003 contains 4 licensing objectives which are central to the act and underpins the functions that Licensing authorities perform. The four licensing

objectives are –  
 ‘The prevention of crime and disorder’  
 ‘ Public safety’  
 ‘ The prevention of public nuisance’  
 ‘ The protection of children from harm’

The Licensing Authority and all parties/bodies with an interest in licensing have an overriding obligation to pursue and have regard to the licensing objectives.

ii) The Policy shouldn’t have an adverse effect. The Council and responsible authorities can gather evidence, monitor premises, receive complaints and take the following actions if there is an adverse effect -

Premises Licenses can be reviewed by residents and responsible authorities.

Licensed Premises can be prosecuted by the Council and Police.

**5. Should the policy procedure proceed to stage 2 Partial impact assessment or stage 3 Full Impact Assessment?**

STAGE 2  STAGE 3

**6. What dates will the stage 2 or stage 3 impacts Assessment be completed by?**

N/A

**7. Has this Initial Screening been sent to the HR department to be uploaded on the internet?**

YES  NO

**8. (HR Policies Only) Is the Policy consistent with employment Codes of Practice on Race, Gender and Disability? If not what else needs to be included**

Name Service Area

Signed Dated

**Service Manager Signature**

Approved by Departmental Equalities Representative.

**Signed**

**Date**

If any actions have been identified, please state date of review:  
(This is usually 12 months after the initial EIA has taken place)