



**APPLICATION for AIRE CONSULTATION VISIT**

Name of Establishment: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Enclosed please find fee of €250 to cover the AIRE Consultation visit**

**I understand that this Consultation visit by AIRE is at my request and will be arranged to take place at a mutually convenient time for me and the AIRE Advisor. Any opinion conveyed by the AIRE Advisor is given in the knowledge, that there is no legal liability on them for anything they may say or do while on the premises. The signing of this form by me absolves AIRE and the Advisor from any responsibility whatsoever, arising out of any incident or accident at my premises whenever or howsoever caused.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Please return completed form and fee to:

**The Secretary, AIRE, 1<sup>st</sup> Floor, Beech House, Millennium Park, Osberstown, Naas, Co.Kildare**

**Please provide detailed Directions to your Establishment, from nearest City, Town or Village:**

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