

Application To Transfer Premise Licence To Be Granted Under Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

I/We _____
(Insert Name of Applicant)

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in part 1 below

Premise Licence Number	
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Part 1 – Premise Details			
Postal address of premises or, if none, ordnance survey map reference or description			
Post Town		Postcode	
Telephone number at premises (if any)			

Please give a brief description of the premises

Name of current premises licence holder	
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Part 2 – Applicant Details

Please state whether you are applying for a premises licence as
Please tick as appropriate

- | | | | |
|-----|---|--------------------------|-----------------------------|
| a) | an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| | i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| | ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| | iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| | iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |
| e) | the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) | a health service body | <input type="checkbox"/> | please complete section (B) |
| g) | a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales | <input type="checkbox"/> | please complete section (B) |
| ga) | a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England | <input type="checkbox"/> | please complete section (B) |
| h) | the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | please complete section (B) |

*** If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):**

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

I am making an application pursuant to a:

Statutory function

A function discharged by virtue of Her Majesty's prerogative

(A) Individual Applicants (fill in as applicable)

TITLE Please tick

Mr Mrs Miss Ms Other (please state)

Surname

Forenames

I am over 18 years old or over

Please tick YES

Current residential address if different from premise address			
Post Town		Postcode	
Daytime contact telephone number			
Email address (optional)			

(A) Second Individual Applicants (if applicable)			
TITLE Please tick			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)			
Surname		Forenames	
I am over 18 years old or over			Please tick YES <input type="checkbox"/>
Current residential address if different from premise address			
Post Town		Postcode	
Daytime contact telephone number			
Email address (optional)			

(B) Other Applicants	
Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.	
Name	
Address	
Registered Number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc..)	
Telephone Number (if any)	

Email address (optional)	
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Part 3		Please tick yes	
Are you the holder of the premise licence under an interim authority notice?		<input type="checkbox"/>	
Do you wish to transfer to have immediate effect?		<input type="checkbox"/>	
If not when would you like the transfer to take effect?		DD	MM
		YYYY	
		<input type="checkbox"/>	<input type="checkbox"/>
I have enclosed the consent form signed by the existing premise licence holder		<input type="checkbox"/>	
If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?			
If this application is granted I would be in a position to use the premises during the application period for licensable activities authorised by the licence (see section 43 of the Licensing Act 2003)		<input type="checkbox"/>	
I have enclosed the premises licence		<input type="checkbox"/>	
If you have not enclosed the premises licence, referred to above please give the reasons why?			

Checklist – Please tick to indicate agreement	
I have made or enclosed payment of the fee	<input type="checkbox"/>
I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed	<input type="checkbox"/>
I have enclosed the premises licence or relevant part of it or explanation	<input type="checkbox"/>
I have sent a copy of this application to the chief officer of police today	<input type="checkbox"/>
I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 3). **If signing on behalf of the applicant, please state in what capacity.**

Signature

Date

Capacity

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant, please state in what capacity.**

Signature

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Post town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail address, your email address (optional)

How we will use your information

The purpose for collecting your personal details on this form is to allow Bassetlaw District Council to process your application for the licence you are applying for. This could include collection of irrelevant details of criminal records. Once the form has been completed the Licensing department will store the details securely and confidentially. Access to the information you provide will be on a strictly need to know basis and the information will be retained for the period that you are licensed by Bassetlaw District Council and up to 6 years after that time, before being securely disposed of / deleted from our systems.

The information may be shared with other council departments or external partners/agencies when the law allows.

The council will need to share information with the Audit Commission in order to protect public funds and prevent/detect fraud.

All information sharing will be conducted securely in line with the council's policies.

Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
2. The application form **MUST** be signed
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have the actual authority to do so
4. Where there is more than one applicant both applicants or their respective agents must sign the form
5. This is the address which we shall use to correspond with you about this application

Right to work/ immigration status

A licence may not be held by an individual or an individual in a partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any premises licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have an entitlement to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity. They do this in one of two ways:

- 1) by providing with this application copies or scanned copies of the documents which an applicant may provide to demonstrate entitlement to work in the UK (which do not need to be certified) that are published on GOV.UK and in the guidance issued under Section 182 of the Licensing Act 2003

or

- 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

Home Office online right to work checking service

As an alternative to providing a copy of the documents listed above, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their 9-digit share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth (provided within this application), will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants

will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copies of the documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.