



Great Yarmouth Borough Council Licensing Act 2003

Application to transfer premises licence

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. You may wish to keep a copy of the completed form for your records.

Once completed, send your application to the following:-

- The Licensing Team, Legal and Member Department, Town Hall, Great Yarmouth, NR30 2QF
 - The Licensing Manager, County Delivery Unit Licensing Team, Norfolk Constabulary, Bethel Street, Norwich NR2 1NN
-

I/We.....apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below.

Premises licence number

Part 1 – premises 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 | |

Part 2 - Applicants details

In what capacity are you applying for the premises licence to be transferred to you?

Please tick yes

- | | | |
|--|--------------------------|-----------------------------|
| a) an individual or individuals* | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| 1. as a limited company | <input type="checkbox"/> | please complete section (B) |
| 2. as a partnership | <input type="checkbox"/> | please complete section (B) |
| 3. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| 4. 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer 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

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) Individual Applicants (fill in as applicable)

Title (Mr/Mrs/Miss/Ms/Other)

Please circle the title which applies or if **Other** applies please add in title.

Surname

First names

I am 18 years old or over

please tick yes

Current postal address
If different from premises
address

Post town

Postcode

Daytime contact telephone number

E-mail address (optional)

Second Individual Applicant (if applicable)

Title (Mr/Mrs/Miss/Ms/Other)

Please circle the title which applies
or if **Other** applies please add in
title.

Surname

First names

I am 18 years old or over

please tick **yes**

Current postal address
If different from premises
address

Post town

Postcode

Daytime contact telephone number

E-mail 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 applicable) |
| Email Address (optional) |

Are you a holder of premises licence by virtue of interim authority notice? YES/NO

Do you wish the transfer to have immediate effect? YES/NO

If not when would you like the transfer to take effect? Day MonthYear.....

Have you enclosed the consent form from the existing Premises licence holder? YES/NO

| |
|--|
| If you answered NO please state what action you have taken in order to try and obtain this consent |
| |

Notes:

- If this application is granted you must be in a position to use the premises during the application period for the licensable activity or activities authorised by the premises licence (see Section 43 of the Licensing Act 2003)
- Have you notified the designated premises supervisor of the application to transfer if different from the Supervisor?
- Have you sent a copy of the application to the police on the same day as it was given to the licensing authority? It is an offence if notification does not take place.

I have enclosed the current premises licence

YES/NO

If you have not enclosed the premises licence referred to above, please give reason why not

| |
|--|
| |
|--|

Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of the application to the Police Licensing Officer today
- I understand that if I do not comply with the above requirements my application will be rejected

It is an offence, liable to 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 or in connection with this action.

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 applicant's signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the other 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 (where applicable) | |
| Email Address (optional) | |

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 actual authority to do so.**
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form**
- 5. This is the address which we shall use to correspond with you about this application**

Great Yarmouth Borough Council, Town Hall, GREAT YARMOUTH, NR30 2QF
Telephone: 01493 846304 / 846327 Fax: 01493 846332
Email: licensing@great-yarmouth.gov.uk