

For Office use only	
LalPac Application No.	
Licence Number	

Blackpool Council

APPLICATION TO TRANSFER A PREMISES LICENCE LICENSING ACT 2003

Name of proposed new licence holder:	
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Built Environment

Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572
F: (01253) 47 8372

www.blackpool.gov.uk



Schedule 6

Application to transfer a premises licence to be granted under the Licensing Act 2003

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.

I/We

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

Part 1 - Premises details:

Address							
		Post Code					
Telephone Number		Mobile Number					

Please give a brief description of the premises: (see guidance note 1)

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Name of the current Premises Licence holder	
Premises Licence number	

Part 2 – Applicant details

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

- a) An individual or individuals* Complete Section A
- b) A person other than an individual *
 - i. As a limited company Complete Section B
 - ii. As a partnership Complete Section B
 - iii. As an unincorporated association Complete Section B
 - iv. Other (for example a statutory corporation) Complete Section B

- c) A recognised club Complete Section B
- d) A charity Complete Section B
- e) The proprietor of an educational establishment Complete Section B
- f) A health service body 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 Complete Section B
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent Hospital in England Complete Section B
- h) The chief officer of a police force in England or Wales Complete Section B

*If you are applying as a person described in (a) or (b) please confirm:

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

A. INDIVIDUAL APPLICANTS (fill in as applicable)

Title:	Mr	Mrs	Miss	Ms		Forename(s)					
Surname						Date of Birth					
Home address											
						Post Code					
Telephone Number					Mobile Number						
E-Mail address											

SECOND INDIVIDUAL APPLICANT (If Applicable)

Title:	Mr	Mrs	Miss	Ms		Forename(s)	
Surname						Date of Birth	
Home address							
						Post Code	
Telephone Number					Mobile Number		
E-Mail address							

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							
						Post Code	
Registered number							
Description of applicant (for example partnership, company, unincorporated association)							
Telephone number							
E-Mail address (optional)							

Are you the holder of the premises licence under an interim authority notice?

Yes	No
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Do you wish the transfer to have immediate effect?

Yes	No
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If not, when would you like the transfer to take effect?

Day		Month		Year	

Have you enclosed the consent form signed by the existing premises licence holder?

Yes	No
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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 were granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Have you enclosed the premises licence?

Yes	No
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If you have not enclosed the premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee (£23)
- 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 original premises licence and summary
- I have sent a copy of this application, a copy of the consent form of the existing Premises Licence Holder to transfer and a photocopy of the Premises Licence to the Chief Officer of Police today
- I understand that if I do not comply with the above requirements my application will be rejected

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 OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (see 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.**

Signed	
Print Name	
Capacity	
Date	

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

Signed	
Print Name	
Capacity	
Date	

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

Name										
Address										
		Post Code								
Telephone Number					Mobile Number					
E-mail Address										

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, either both applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.



**Lancashire
Constabulary**

police and communities together

**In order to assist with your application under the licensing Act 2003,
Lancashire Constabulary ask if you could provide the following
information, which is offered on a voluntary basis, to speed up the
application process.**

Full Name (inc any previous names)

Date AND place of birth

Contact telephone number

- Day
- Evening.....
- Mobile.....

Thanking you in anticipation