Application to transfer premises licence to be granted under the 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 and please write legibly in block capitals. In all cases ensu that your answers are inside the boxes and written in black ink. Use additional sheets if nec You may wish to keep a copy of the completed form for your records.

## I/ N K Warder

(Insert name of applicant)

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

iii. as an unincorporated association or	please complete section (B)				
iv. other (for example a statutory corporation)	please complete section (B)				
c) a recognised club	please complete section (B)				
d) a charity	please complete section (B)				
e) the proprietor of an educationestablishment	please complete section (B)				
f) a health service body	please complete section (B)				
g) an individual who is registered under Part 2 of the please complete section (B Care Standards Act 2000 (c14) in respect of an independent hospital in Wales					
ga) aperson who is registered under Chapter 2 of P 1 of the Health and Social Care Act 2008 (within the please complete section (B) meaning of that Part) in respect of an independent hospital in England					
h) the chief officer of police of a police force in England and Wales	please complete section (B)				
*If you are applying as a person described in (a) or (b) p	lease confirm:				
	Please tick yes				
l am carrying on oproposing to carry on a business which involves the us of the premises for licensable activities; or					
I am making the application pursuant to a					
<ul> <li>statutory function or</li> <li>a function discharged by virtue of Her Majesty's prerogative</li> </ul>					

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

<mark>Mr</mark>	Mrs	Miss	Ms	Other title	Mr
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## Nationality

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the gigit 'share code' provided to the applicant by that service (please see note 2 for information)

Current residential address if different f premises address					
Post town					
Daytime co					
E-mail add (optional)					
SECONDI	NDIVIDUAL APF	PLICANT (fill	in as applicable)		
Mr	Mrs	Miss	Ms	Other title (for example, Rev)	
Surname			First names		
Date of birt	h	l am 1	8 years old or over	Please tick yes	

Where applicable (idlemonstrating a right to work via the Home Office online right to work checking service), the 9 t note 2 for information) t

Current residential address if different from premises address
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Post town	Post code	

Daytime contact telephone number

If you have notenclosed the consent form referred to above please give the reasons why no steps have you taken to try and obtain the consent?

I have made the request but to date the tenant has declined to transfer.

The premises has been repossessed by antideord. (will provide copy of eviction notice)

WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOW LEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

I understand I am not entitled to be issued with a licence if I do not have the entitlement to I and work in the UK (or if I am subject to a condition preventing me froimgdoork relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to entitled to live and work in the UK (please read guidance note 2)

Part 4 ±Signatures (please read guidance note 3)

Signature of DSSOLFDQW RU DSSOLFDQW ¶V VROL((See/)/guiddande U note 4). If signing on behalf of the applicant please state in what capacity.

Signature					
Date 05/04/202					
Capacity	Individual applicant				

For joint applicants signature of second applicant, second  $S S O L F D Q W \P V V R O L$  authorised agent(please read guidancete 5). If signing on behalf of the applicant please state in what capacity.

Signature

	 	•••••	••••••	 	• • • • • •
Date					

Capacity

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Contact name (where not previously given) and postal address for correspondence associated with this application(please read guidance note 6)		
Post town	Post Code	
Telephone number (if any)		

If you would prefer us to correspo

Notes for Guidance

A current Immigration Status Document issued by the Home Office to the

Reasonable evidence the erson who is not a national of an EEA state or Switzerlan but who is a family member of such a national or who has derivative rights of reside exercising treaty rights in the UK including:

- o evidence of the applicats own identity such as a passport,
- evidence of their relationship with the EEA family memberg. a marriage certificate, civil partnership certificate or birth certificate, and
- evidence that the EEA national has a right effmanent residence in the Lock is one of the following if they have been in the UK for more than 3 months:

checking service sets out what informational/ar documentation applicants will need in ord to access the service. Applicants who are unable to obtain a share code from the servic submit copy documents as set out above.

3. The application form must be signed.

4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

5. Where there is more than one applicant, both applicants or their respective agents must application form.

6. This is the address which e shall use to correspond with you about this application.