

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



Name of Premises:

Address of Premises:

Please send your completed application form with the appropriate fee and accompanying documents to:

The Principal Licensing Officer,
Trading Standards & Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN

The Act states that a copy of your application and accompanying documents must also be sent to the following responsible authority. The Licensing Section will arrange for this to be done on your behalf.

The chief officer of police for the area in which the premises are situated;

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.

Please read the following instructions first

Before completing this form please read the guidance notes. 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.

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

I / We [_____] apply to
Insert name(s) of applicant(s)

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 of premises (if any)

Please give a description of the premises

Name of current premises licence holder

Part 2 - Applicant Details

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

Please tick ✓

a) An individual or individuals*

please complete section (A)

- b) a person other than an individual*
- i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - 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 educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales 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 please complete section (B)
- 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) 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)

Mr Mrs Miss Ms Other title (e.g. Rev)

Surname

First name(s)

Please tick ✓ Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)

Second Individual Applicant (if applicable)

Mr Mrs Miss Ms Other title (e.g. Rev)

Surname First name(s)

Please tick ✓ Yes

I am 18 years old or over

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 any)
E-mail address (optional)

Part 3

Please tick ✓ Yes

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

Do you wish the transfer to have immediate effect?

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

Day		Month		Year			

I have enclosed the consent form signed by the existing premises licence holder?

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?

Please tick ✓ Yes

If this application is 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)

Please tick ✓ Yes

I have enclosed the premises licence

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

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing licence holder or my statement as to why it is not included
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that a copy of this application will be sent to the Chief Officer of Police
- 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 (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 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 your e-mail address (optional)	