



The Licensing Team
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APPLICATION TO TRANSFER PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

Form Ref: LA03/PL 13

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

If you require this document in an alternative format, please contact us.

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 or typed in black ink.

Use additional sheets if necessary.

You should 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*

[insert name(s) of applicant(s)]

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 – Applicant details	
In what capacity are you applying for the premises licence to be transferred to you?	
a) an individual or individuals*	<input type="checkbox"/> please complete section (A)
b) a person other than an individual*	
i. as a limited company	<input type="checkbox"/> please complete section (B)
ii. as a partnership	<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	<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:	
• I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	<input type="checkbox"/>
• I am making the application pursuant to a	
◆ statutory function or	<input type="checkbox"/>
◆ a function discharged by virtue of Her Majesty's prerogative	<input type="checkbox"/>

(A) INDIVIDUAL APPLICANTS (fill in as applicable)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
I am 18 years old or over. Please tick v YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
I am 18 years old or over. Please tick v YES <input type="checkbox"/> NO <input type="checkbox"/>	
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	
Post Town	Postcode
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 v yes
Are you the holder of the premises licence under an interim authority notice?			<input type="checkbox"/>
Do you wish the transfer to have immediate effect?			<input type="checkbox"/>
If not when would you like the transfer to take effect?			
Day	Month	Year	

Part 4 – Checklist		Please tick v yes
<ul style="list-style-type: none"> I have enclosed the consent form signed by the existing premises 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?		
<ul style="list-style-type: none"> 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) 		<input type="checkbox"/>
<ul style="list-style-type: none"> 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 not:		
<ul style="list-style-type: none"> I have made or enclosed payment of the fee 		<input type="checkbox"/>
<ul style="list-style-type: none"> 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"/>
<ul style="list-style-type: none"> I have enclosed the premises licence or relevant part of it or explanation 		<input type="checkbox"/>
<ul style="list-style-type: none"> I have sent a copy of this application to the chief officer of police today 		<input type="checkbox"/>
<ul style="list-style-type: none"> 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 OR IN CONNECTION WITH THIS APPLICATION.

Part 5 – 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	

Part 6 – Contact name (where not previously given)_ and postal address for correspondence associated with this application
(please read guidance note 5)

Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Notes for Guidance

1. Describe the premises. For example the type of premises, 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.