



The Licensing Team
Environmental Health & Housing
North Devon Council
Civic Centre, North Walk
Barnstaple, Devon EX31 1EA

Contact Details:
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INTERIM AUTHORITY NOTICE UNDER THE LICENSING ACT 2003

Form Ref: LA03/PL 15

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.

INTERIM AUTHORITY NOTICE UNDER THE LICENSING ACT 2003

I/We* [insert name(s) of applicant(s)] give this interim authority notice under section 47 of the Licensing Act 2003 for the premises described in Part 1 below Premises licence number (if known)

Part 1 – Premises Details	
Postal address of premises, or, if none, ordnance survey map reference or description	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

Part 2 – Notice Giver Details	
In what capacity are you giving the interim authority notice? See section 47 of Licensing Act 2003	
	Please tick v
a) I am an individual with a legal interest in the premises as freeholder of leaseholder	<input type="checkbox"/> Please complete section (A)
b) I am a person other than an individual with a legal interest in the premises as freeholder of leaseholder	
i. A limited company	<input type="checkbox"/> Please complete section (B)
ii. A partnership	<input type="checkbox"/> Please complete section (B)
iii. An unincorporated association or	<input type="checkbox"/> Please complete section (B)
iv. other	<input type="checkbox"/> Please complete section (B)
c) I am a personal representative for the former premises licence holder who has died	<input type="checkbox"/> Please complete section (B)
d) I have power of attorney which is registered for the former premises licence holder who has become mentally incapable	<input type="checkbox"/> Please complete section (B)
e) I am the insolvency practitioner for the former premises licence holder who is insolvent	<input type="checkbox"/> Please complete section (B)

Date of lapsing of Licence			
On what date (as applicable)			
	Month	Day	Year
<ul style="list-style-type: none"> • did the former premises licence holder die? • was the power of attorney registered under section 6 of the Enduring Powers of Attorney Act 1985? • did the former holder become insolvent? 			

(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (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 (please specify)			
Surname			
First names			
I am 18 years old or over			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)			
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			
First names			
I am 18 years old or over			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) NON-INDIVIDUAL NOTICE GIVER			
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 v yes		
Has an interim authority notice previously been given relating to this premises and the former premises licence holder?	<input type="checkbox"/>		
	Month	Day	Year
If not when do you want the variation to take effect from?			
Has there been an application to transfer the premises licence under section 50 of the Licensing Act 2003?	<input type="checkbox"/>		

Part 4 - Checklist	Please tick v yes
• I have made or enclosed payment of the fee	<input type="checkbox"/>
• I have sent a copy of this form to the chief officer of police for the area in which the premises are situated	<input type="checkbox"/>
• I have notified the designated premises supervisor (if different from the premises licence holder), if any	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

THIS NOTICE WILL LAPSE AT THE END OF THE SEVEN DAY PERIOD AFTER THE LAPSING OF THE PREMISES LICENCE UNLESS A COPY OF THE NOTICE HAS BEEN GIVEN TO THE CHIEF OFFICER OF POLICE FOR THE POLICE AREA OF EACH POLICE AREA IN WHICH THE PREMISES IS SITUATED.

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 1)	
Signature of notice giver or notice giver’s solicitor or other duly authorised agent (please read guidance note 2). If signing on behalf of the notice giver please state in what capacity.	
Signature:	
Date:	
Capacity	
For joint notices signature of 2nd notice giver or 2nd notice giver’s solicitor or other authorised agent (please read guidance note 3). 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 notice (please read guidance note 4)	
Name	
Address	
Post Town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

* Delete or select as appropriate.

Notes for Guidance

1. The notice must be signed.
2. A notice giver’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notice giver, both notice givers or their respective agents must sign the application form.
4. This is the address which we shall use to correspond with you about this application.