



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

Contact Details:
Tel: 01271 388870
Fax: 01271 388328
Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

**NOTIFICATION OF AN INTEREST IN PREMISES
UNDER SECTION 178 OF THE LICENSING ACT 2003**

Form Ref: LA03/PL 16

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.

**NOTIFICATION OF AN INTEREST IN PREMISES
UNDER SECTION 178 OF THE LICENSING ACT 2003**

I/We*
<i>[insert name(s) of notifier(s)]</i>
hereby give/gives notice of my/our interest in the premises identified below for the purposes of section 178 of the Licensing Act 2003

Part 1 – Premises Details
Postal address of premises, or, if none, ordnance survey map reference or description
Post Town Postcode
Name of applicant for, or holder of, premises licence or club applying for, or holding, club premises certificate (if known)
Premises licence/club premises certificate number (if known)

Part 2 – Details of my/our interest in the premises
I/WE*
Please tick v yes
a) have a legal interest in the premises as freeholder or leaseholder <input type="checkbox"/>
b) am/are the legal mortgagee in respect of the premises (within the meaning of the Law of Property Act 1925) <input type="checkbox"/>
c) am/are in occupation of the premises <input type="checkbox"/>
I/WE* are
Please tick v
a) an individual(s) <input type="checkbox"/> Please complete section (A)
b) a company <input type="checkbox"/> Please complete section (B)
c) a partnership <input type="checkbox"/> Please complete section (B)
d) an unincorporated association <input type="checkbox"/> Please complete section (B)
e) other (for example, a statutory corporation) <input type="checkbox"/> Please complete section (B)

(A) DETAILS OF INDIVIDUAL
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
Current postal address if different from premises address
Post Town Postcode
Contact phone number in working hours (if any)
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	
Current postal address if different from premises address	
Post Town	Postcode
Contact phone number in working hours (if any)	
E-mail address (optional)	

(B) DETAILS OF NON-INDIVIDUAL

Please provide name and registered address of notifier 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)

Checklist	Please tick v yes
• I have made or enclosed payment of the fee	<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 3 – Signatures (please read guidance note 1)

Signature of notifier or notifier’s solicitor or other duly authorised agent (please read guidance note 2). **If signing on behalf of the notifier please state in what capacity.**

Signature:
Date:
Capacity
For joint notices signature of 2nd notifier or 2nd notifier’s solicitor or other authorised agent (please read guidance note 3). If signing on behalf of the notifier please state in what capacity.
Signature:
Date:
Capacity

Contact name (where not previously given or where it differs from the notifier) and address for correspondence associated with this notice (please read guidance note 4)	
Name	
Address	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

* Delete or select as appropriate.

Notes for Guidance

1. The form must be signed.
2. A notifier’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 notifier, both notifiers or their respective agents must sign the application form.
4. This is the address which we shall use to correspond with you about this notification and if a change is made to the register.

Acknowledgement by

[insert name of relevant licensing authority]

of receipt of this notification of an interest in the premises described in the notice by the person/persons identified in the notice dated this day of20.....

Signed for and on behalf of the authority.....