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| --- | --- | --- | --- |
| **Notification of an interest in premises under section 178**  **of 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 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 may wish to keep a copy of the completed form for your records. | | | |
|  | | |
| **I/We** |  | |
|  | *Name(s) of notifier* | |
| **hereby give 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, ordinance survey map reference or description** | | |
| Post town | | Post code |
| **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)** | | |
|  | | |

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| --- | --- | --- |
| **Part 2 - Details of my / our interest in the premises** | | |
|  | I/We | Please tick |
|  | 1. have a legal interest in the premises as free holder   or leaseholder |  |
|  | 1. am/are the legal mortgagee in respect of the premises(within the meaning of the law of Property Act 1925) |  |
|  | 1. am/are in occupation of the premises |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I/We are | | | | | | | | | | Please tick | | | |
|  | 1. an individual(s) | | | | | | | | | |  | Please complete section (A) | | |
|  | 1. a company | | | | | | | | | |  | Please complete section (B) | | |
|  | 1. a partnership | | | | | | | | | |  | Please complete section (B) | | |
|  | 1. an unincorporated association | | | | | | | | | |  | Please complete section (B) | | |
|  | 1. other (for example, a statutory corporation) | | | | | | | | | |  | Please complete section (B) | | |
| **(A) DETAILS OF INDIVIDUAL** | | | | | | | | | | | | | | |
| Mr | | | Mrs | | Miss | | Ms | | | | | | Other title  (for example, Rev) | |
|  | | | | | | | | | | | | | | |
| **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)** | | | |  | | | | | | | | | | |
| **DETAILS OF SECOND INDIVIDUAL (if applicable** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Mr | | | Mrs | | Miss | | Ms | | | | | | Other title  (for example, Rev) | |
|  | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | |
| **Please tick Yes** | | | | | | | | | | | | | | |
| * I have made or enclosed payment of the fee | | | | | | | | | | | | | |  |
| **IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Part 3 - Signatures** (please read guidance note 1) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Signature of notifier or notifier’s solicitor or other duly authorised agent (see guidance note 2). If signing on behalf of the notifier please state in what capacity.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Capacity | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **For joint notifier’s 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 application** (please read guidance note 4) | | | | | | | | | | | | | | |
| **Post town** | | | | | | | | | | **Post code** | | | | |
| **Telephone number (if any)** | | | | | | | | | | | | | | |
| **E-mail address (optional)** | | | | | | | | | | | | | | |

**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 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 Craven District Council 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 of …………………… 20 ……..**

|  |  |
| --- | --- |
| **Signed for and on behalf of the authority** |  |

This authority is required to protect the public funds it administers. It may share information provided to it with other bodies responsible for; auditing, or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. For more details, see <http://www.cravendc.gov.uk/nfi>