|  |
| --- |
| **Application to transfer premises licence**  **to be granted under 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 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. |

**I/We ………………………………………………………. (insert name(s) of applicant)**

**apply to transfer the premises licence 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 | Post code |
| 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?

Please tick 🗹 yes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | 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) | A person 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 in respect of the carrying on of a regulated activity (within the meaning of the 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

1. **INDIVIDUAL APPLICANTS** (fill in as applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | | Miss | |  | Ms | | |  | | Other title  (for example, Rev) | |  | |
| Surname | | | | | | | | | | First names | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
| Please tick yes | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | I am 18 years old or over | | | |  |
|  | | | | | | | | | | | | | | | | |
| Nationality | | | |  | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | |
| Current postal address if different from premises address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Post Town | | | |  | | | | Postcode | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Daytime contact telephone number | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Email address (optional) | | | | | |  | | | | | | | | | | |

**SECOND INDIVIDUAL APPLICANT** (IF APPLICABLE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | | Miss | |  | Ms | | |  | | Other title  (for example, Rev) | |  | |
| Surname | | | | | | | | | | First names | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
| Please tick yes | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | I am 18 years old or over | | | |  |
|  | | | | | | | | | | | | | | | | |
| Nationality | | | |  | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | |
| Current postal address if different from premises address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Post Town | | | |  | | | | Postcode | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Daytime contact telephone number | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Email address (optional) | | | | | |  | | | | | | | | | | |

1. **OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day** | | **Month** | | **Year** | | | |
| If not when would you like the transfer to take effect? |  |  |  |  |  |  |  |  |

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 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)

* I have enclosed the premises licence
* I have made or enclosed payment of the fee

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

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

or my statement as to why it is not enclosed

* I have enclosed the premises licence or relevant part of it or explanation
* I have sent a copy of this application to the chief officer of police today
* I understand that if I do not comply with the above requirements my application

will be rejected

**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.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION ASYLUM AND NATIONALITY ACT 2006 AND PURUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).**

**Part 4 – Signatures** (please read guidance note 11)

|  |  |  |
| --- | --- | --- |
| **Signature of applicant or applicant’s solicitor or other duly authorised agent.** (See guidance note 12)**. 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 13)**. 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** | **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. **Entitlement to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:**

A licence may not be held by an individual or an individual in a partnership who is resident in the UK who:

* does not have the right to live and work in the UK; or
* is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any premises licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have an entitlement to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

They do this by providing with this application copies or scanned copies of the following documents (which do not need to be certified).

**Documents which demonstrate entitlement to work in the UK**

* An expired or current passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK [please see note below about which sections of the passport to copy].
* An expired or current passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland.
* A Registration Certificate or document certifying permanent residence issued by the Home Office to a national of a European Economic Area country or Switzerland.
* A Permanent Residence Card issued by the Home Office to the family member of a national of a European Economic Area country or Switzerland.
* A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK.
* A **current** passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK.
* A **current** Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, when produced in combination with an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
* A **full** birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder’s parents or adoptive parents, when produced in combination with an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
* A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland **when produced in combination with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
* A certificate of registration or naturalisation as a British citizen, **when produced in combination with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
* A **current** passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity.
* A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to work relation to the carrying on of a licensable activity.
* A **current** Residence Card issued by the Home Office to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights or residence.
* A **current** Immigration Status Document containing a photograph issued by the Home Office to the holder with an endorsement indicating that the named person may stay in the UK, and is allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity **when produced in combination with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
* A Certificate of Application, **less than 6 months old**, issued by the Home Office under regulation 17(3) or 18A (2) of the Immigration (European Economic Area) Regulations 2006, to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence.
* Reasonable evidence that the person has an outstanding application to vary their permission to be in the UK with the Home Office such as the Home Office acknowledgement letter or proof of postage evidence, or reasonable evidence that the person has an appeal or administrative review pending on an immigration decision, such as an appeal or administrative review reference number.
* Reasonable evidence that a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence in exercising treaty rights in the UK including:
  + evidence of the applicant’s own identity – such as a passport,
  + evidence of their relationship with the European Economic Area family member – e.g. a marriage certificate, civil partnership certificate or birth certificate, and
  + evidence that the European Economic Area national has a right of [permanent residence in the UK](#_Residence_cards_(biometric) or is one of the following if they have been in the UK for more than 3 months:
    1. working e.g. employment contract, wage slips, letter from the employer,
    2. self-employed e.g. contracts, invoices, or audited accounts with a bank,
    3. studying e.g. letter from the school, college or university and evidence of sufficient funds; or
    4. self-sufficient e.g. bank statements.

Family members of European Economic Area nationals who are studying or financially independent must also provide evidence that the European Economic Area national and any family members hold comprehensive sickness insurance in the UK. This can include a private medical insurance policy, an EHIC card or an S1, S2 or S3 form.

**Original documents must not be sent to licensing authorities.** If the document copied is a passport, a copy of the following pages should be provided:-

1. any page containing the holder’s personal details including nationality;
2. any page containing the holder’s photograph;
3. any page containing the holder’s signature;
4. any page containing the date of expiry; and
5. any page containing information indicating the holder has permission to enter or remain in the UK and is permitted to work.

If the document is not a passport, a copy of the whole document should be provided.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

* 1. The application form must be signed.
  2. An applicant’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 applicant, both applicants 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.

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>

|  |  |
| --- | --- |
|  | **Craven District Council**  Licensing, 1 Belle Vue Square, Broughton Road, Skipton, North Yorkshire, BD23 1FJ |

|  |
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| **Part B**  **Consent of premises licence holder to transfer** |

I ………………………………………………...….. (full name of premises licence holder(s)) the premises licence holder of premises licence number ………………………………..

relating to ……………………………………………..………………………….……………

…………………………………………………………………………………………………. (name and address of premises to which the application relates)

hereby give my consent for the transfer of premises licence number ……………………………………………………. Insert premises licence number} to ………………………………………………………………………(full name of transferee).

Signature ……………………………………………………………………………………..

Name (please print).…………………………………………………………………………

Date…………………………………………………………………………………………..