



Central Administration Unit

East Northamptonshire Council

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Dear Applicant

Licensing Act 2003 – Application to Transfer Premises Licence.

Please find enclosed all of the information you need to apply to Transfer a Premises Licence under the Licensing Act 2003. Within this letter you will find:-

Application form to Transfer a Premises Licence
Checklists
Consent of Existing Licensee

Below is a step by step guide to help you through this process. All of the relevant information including fees is contained within the enclosed checklists

You should be aware that premises licences are subject to an annual fee which becomes payable on the anniversary of the date the licence was first issued. These fees are charged one year in arrears. The person who holds the licence **on the anniversary date** will become liable for the whole years fee.

Step One

Complete application form. Ensure that the consent form is completed by the Existing Licensee.

Step Two

A copy of the application must be sent to the relevant Police Area Commander for your area.

Step Three

From 1st April 2008, all applications must be sent directly to the Central Administration Unit at East Northamptonshire Council. All applications must be accompanied by the Current Premises Licence (which should be approximately eight pages) and the fee of £23.00. If the Current Premises Licence is not available, please forward an additional fee of £10.50 to cover its replacement. Cheques should be made payable to 'East Northamptonshire Council'.

If you require any further information or assistance please do not hesitate to contact Central Administration Unit on 01832 742102 or email info@northantslicensing.gov.uk

Yours faithfully

Central Administration Unit



Checklist to Accompany Transfer of Premises Licence

Information Required	Detail	
Application Fee of £23.00, made payable to East Northamptonshire Council	Enclosed <input type="checkbox"/>	Not Enclosed <input type="checkbox"/>
Consent of Existing Licensee	Enclosed <input type="checkbox"/>	Not Enclosed <input type="checkbox"/>
Current Premises Licence Or £10.50 for replacement	Enclosed <input type="checkbox"/>	Not Enclosed <input type="checkbox"/>
	Enclosed <input type="checkbox"/>	Not Enclosed <input type="checkbox"/>
Copy of Application Sent to Police Authority <i>(details below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failure to do so will result in the halting of your application until the correct submissions are made.		

THIS CHECKLIST MUST ACCOMPANY YOUR APPLICATION FORM AND YOU MUST ENSURE YOU HAVE INCLUDED ALL OF THE RELEVANT INFORMATION AS LISTED ABOVE – AS THIS MAY DELAY THE PROCESSING OF YOUR APPLICATION

Police

Kettering, Corby, East Northants & Wellingborough

Licensing Officer
Northamptonshire Police (North) Licensing Unit,
Unit C, Diamonds Business Centre,
Attley Way,
Irthlingborough, NN9 5GF

TEL: 08453 700 700

Daventry

Licensing Officer
DAVENTRY POLICE STATION
Area Headquarters
New Street
Daventry
NN11 4BS

TEL: 01327 300300



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 that 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 of applicant)

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	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?

- | | |
|--|--|
| 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) 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) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital 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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post town

Post code

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick yes

Current postal address if different from premises address

Post town

Post code

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
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?

If not when would you like the transfer to take effect?

Day			Month			Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick yes

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 the 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)

Please tick yes

I have enclosed the premises licence

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

- I have made or enclosed payment of the fee
- 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, 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 4 – 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 applicants signature of 2nd applicant, 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

.....

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 it is, 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.



Form of consent given by the person who holds the existing licence

I/We ,.....,

[insert full name(s) of existing licence holder(s)]

being the holder(s) of an existing licence/existing licences

.....
.....
.....

[insert name of licence(s), the date of grant of the licence(s) and by whom the grant(s) was/were made]

hereby consent to the application by

.....

[insert full name or names of applicant]

under paragraph 2 of Schedule 8 to the Licensing Act 2003 for the grant of a new licence under paragraph 4 of that Schedule to succeed the said existing licence(s) held by me in respect of

.....
.....

[insert name and address of premises].

Signed:

Date: