

East Cambridgeshire District Council

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 describe 2003 for the premises described in Part 1 below	
Premises licence number	
Part 1 – Premises details	
Postal address of premises or, if none, ordnand	ce survey map reference or description
Post town	Post code
Telephone number at premises (if any)	
Please give a brief description of the premises	(see note 1)
Name of current premises licence holder	
Name of current premises needee notice	
L	
Part 2 - Applicant details In what capacity are you applying for the premise	es 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)

Date of birth	Nationality
Surname	First names
	(for example, Rev)
Mr	Ms Other title
(A) INDIVIDUAL APPLICANTS (fill in as	applicable)
statutory function ora function discharged by virt	ue of Her Majesty's prerogative
I am making the application pursuant	to a
 I am carrying on or proposing to carry of the premises for licensable activities 	y on a business which involves the use es; or
	Please tick ☑ yes
*If you are applying as a person described in ((a) or (b) please confirm:
i) the chief officer of police of a police fore England and Wales	ce in please complete section (B)
h) a person who is registered under Chapte of the Health and Social Care Act 2008 (w meaning of that Part) in respect of an indep hospital in England	ithin the
g) an individual who is registered under Pa Care Standards Act 2000 (c14) in respect of independent hospital in Wales	
f) a health service body	please complete section (B)
e) the proprietor of an educational establish	nment please complete section (B)
d) a charity	please complete section (B)
c) a recognised club	please complete section (B)
iv. other (for example a statutory corporation)	on)
iii. as an unincorporated association or	please complete section (B)

Current residential							
address if							
different from							
premises							
address							
Post town				1	Post code	}	
Daytime contact t	elephone	number					
E-mail address (optional)							
Where applicable (
	the 'share	e code' pro	ovided to th	e a	pplicant b	y that service	(please see note 2 for
information).							
SECOND INDIVI	IDUAL A	APPLICA	NT (fill in	as a	applicabl	e)	
Mr □ Mrs		M:		1.		0414	:41 -
Mr Mrs		Miss	r	Иs		Other t	ample, Rev)
						(······································
Surname					First nar	nes	
Date of birth				Nat	tionality		
					<u> </u>		
7 10			P	Please tick ☑ yes			
I am 18 years old	or over						_
Current residential							
address if							
different from							
premises address							
Post town				1	Post code	;	
Daytime contact t	elephone	number					

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 2 for information). (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)
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)
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
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
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
Description of applicant (for example partnership, company, unincorporated association etc.) Telephone number (if any) E-mail address (optional) Part 3 Please tick ☑ yes
Description of applicant (for example partnership, company, unincorporated association etc.) Telephone number (if any) E-mail address (optional) Part 3 Please tick ☑ yes
Description of applicant (for example partnership, company, unincorporated association etc.) Telephone number (if any) E-mail address (optional) Part 3 Please tick ✓ yes
Telephone number (if any) E-mail address (optional) Part 3 Please tick ☑ yes
E-mail address (optional) Part 3 Please tick ☑ yes
E-mail address (optional) Part 3 Please tick ☑ yes
Part 3 Please tick ☑ yes
Please tick ☑ yes
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
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. We steps have you taken to try and obtain the consent?	⁷ hat
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 have sent a copy of this form to Home Office Immigration Enforcement today Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships, I have included documents, or my Home Office online right to work checking service share code, to demonstrate my entitlement to work in the United Kingdom (please 	
read note 2)	

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, PURSUANT 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 issuedwith 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 2)

Part 4 – Signatures (please read guidance note 3)

Telephone number (if any)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date Capacity For joint applicants signature of second applicant, second applicant's solicitor or other authorised agent (please read guidance note 5). 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 6) Post town Post Code

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. Right 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 which is not a limited liability partnership 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 on or after 6 April 2017 will lapse if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensing activity. They do this in one of two ways: 1) by providing with this application copies or scanned copies of the documents which an applicant has provided, to demonstrate their entitlement to work in the UK (which do not need to be certified) as per information published on gov.uk and in the guidance.

2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

Home Office online right to work checking service

As an alternative to providing a copy of the documents listed above, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service applicants should include in this application their share code (provided to them upon accessing the service at https://www.gov.uk/prove-right-to-work), which along with the applicant's date of birth (provided with this application), will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copy documents as set out above.

- 3. The application form must be signed.
- 4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 5. Where there is more than one applicant, both applicants, or their respective agents must sign the application form.
- 6. This is the address which we shall use to correspond with you about this application.