Eastbourne Borough Council Customer First Team Town Hall, Grove Road Eastbourne BN21 4UG



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Forms and guidance can be downloaded from www.lewes-eastbourne.gov.uk/licensing

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 comp	pleted form for your records.			
I/We (Insert name of applicant) apply to transfer the premises licence of the Licensing Act 2003 for the premises				
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 an	y)			
Please give a brief description of the	premises			
Name of current premises licence hol	lder			
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 parti	ilersilib			0	please co	implete s	ection
iii.	as an uni	ncorpora	ted association	on or	(B) O	please co	omplete s	ection
iv.	other (for	r example	e a statutory		(B)		·	
	corporation	on)			o (B)	•	omplete s	ection
c)	a recogni	ised club			(B)	please co	omplete s	ection
d)	a charity	rity			o (B)	•	omplete s	ection
e)	the propr establish		an educationa	il	o (B)	please co	omplete s	ection
f)	a health s	service b	ody		o (B)	please co	omplete s	ection
g)	2 of the 0	Care Star	is registered ndards Act 20 dependent ho	00 (c14)	t o (B)	please co	omplete s	ection
h)	the chief in Englan		f police of a pales	olice force	o (B)	please co	omplete s	ection
*If you	u are apply	ying as a	person desci	ribed in (a) or (b) please o	confirm:	
							Please	tick yes
• I	am carryi	ng on or	proposing to	carry on a	a busir	ness which	า	0
iı	nvolves th	e use of	the premises	for licensa	ible ad	ctivities; o	r	
• I	am makir	na the ap	plication purs					
		. 5	pheacion pars	suant to a				
		ory func		suant to a				0
	• statut	ory func			· Maje	sty's prero	ogative	0
	statuta fund	cory function disc	tion or harged by vi	rtue of Her	-	, ,	ogative	
(A) IN	statuta fund	ction disc	tion or tharged by vii	rtue of Her in as appli	cable)		ogative	
(A) IN	statuta fund	cory function disc	tion or harged by vi	rtue of Her in as appli	-	Other title	ogative kample, R	•
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(A) IN Mr (statuta fundNDIVIDUAMrs	ction disc	tion or tharged by vii	rtue of Her in as appli Ms	cable)	Other title (for ex	ample, R	ev)
(A) IN	statuta fundNDIVIDUAMrs	cory function disc	tion or tharged by viring the control of the contro	rtue of Her in as appli Ms	cable)	Other title (for ex		ev)
(A) IN	• statut • a fund NDIVIDUA Mrs Ime It iss if ent ises	cory function disc	tion or tharged by viring the control of the contro	rtue of Her in as appli Ms	cable)	Other title (for ex	ample, R	ev)

Daytime conta	ct tele	phone n	iumbei	r			
E-mail address (optional)	5						
SECOND INDI	VIDUA	L APPLI	CANT ((fill in as	appli	cable)	
Mr • Mrs	•	Miss	•	Ms	0	Other title (for ex	cample, Rev)
Surname				Fir	st na	mes	
I am 18 years	old or	over					Please tick yes
Current postal address if different from premises address							
Post town					Post	t code	
Daytime conta	ct tele	phone n	umbei	r			
E-mail address (optional)	\$						
(B) OTHER AP	PLICA	NTS					
Please provide r appropriate plea other joint vent address of each	ase give ure (oth	e any reg her than	istered a body	number	. In tl	he case of a	partnership or
Name							
Address							
Registered num	ber (wh	nere appl	icable)				

Description of applicant (for example partnership, company, unincorpo association etc)	rated
Telephone number (if any)	
E-mail address (optional)	
Part 3	
	se tick yes
Are you the holder of the premises licence under an interim authority in	notice? •
Do you wish the transfer to have immediate effect?	•
If not when would you like the transfer to take effect?	.,
Day Month Year	у
Plea I have enclosed the consent form signed by the existing premises licer	se tick yes
holder	
If you have not enclosed the consent form referred to above please given reasons why not. What steps have you taken to try and obtain the consent form referred to above please given reasons why not. What steps have you taken to try and obtain the consent form referred to above please given reasons why not.	
Plea	se tick yes
If this application is granted I would be in a position to use the premise during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)	es O

Please tick yes

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 	0
licence holder or my statement as to why it is not enclosed I have enclosed the premises licence or relevant part of it or	0
 explanation I have sent a copy of this application to the chief officer of police 	0
 I understand that if I do not comply with the above requirements my application will be rejected 	0
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THE 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.	IS
Signature	
Date	
Capacity	
For joint applicants signature of 2 nd applicant, 2 nd applicant's solicitor other authorised agent (please read guidance note 4). If signing on behalof the applicant please state in what capacity.	
Signature	
Date	
Capacity	

Contact name (where not previously correspondence associated with this 5)	
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond address (optional)	with you by e-mail your e-mail

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.

Before completing this form you should read our step by step guidance booklet 'The new licensing system: a guide to the changes' available from our offices or to download from our website (see top of page 1), which includes addresses to send copies of this form. Incomplete or incorrect applications will be returned and will delay issuing your licence

"This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes."