WATFORD BOROUGH 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, ordnano	ce 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 premise	es licence to be transferred to you?
a) an individual or individuals*	Please tick ☑ yes □ please complete section (A)
 b) a person other than an individual * i. as a limited company ii. as a partnership iii. as an unincorporated association or 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 establishm	nent
f) a health service body	please complete section (B)
g) an individual who is registered under Part Care Standards Act 2000 (c14) in respect of independent hospital in Wales	
ga) a person who is registered under Chapter 1 of the Health and Social Care Act 2008 (with meaning of that Part) in respect of an independent of the England	ithin the please complete section (B)
h) the chief officer of police of a police force England and Wales	e in
*If you are applying as a person described in (a)	or (b) please confirm:
 I am carrying on or proposing to carry of of the premises for licensable activities; 	
I am making the application pursuant to	оа
statutory function ora function discharged by virtue	of Her Majesty's prerogative
(A) INDIVIDUAL APPLICANTS (fill in as ap	pplicable)
Mr Mrs Miss	Ms Other title
Surname	(for example, Rev) 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)	

SECOND INDIVIDUAL APPLICANT (fill in as applicable) Mr Mrs Miss MsOther 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) (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 ☑	1 voc
Flease tick E	ı 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 ☑	l 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. It steps have you taken to try and obtain the consent?	What
Please tick ☑	l 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 ☑	J yes
I have enclosed the premises licence	
If you have not enclosed premises licence referred to above please give the reasons why not.	

my statement as to why it is	form signed by the existing premises licence holder not enclosed
• I have sent a copy of this ap	s licence or relevant part of it or explanation plication to the chief officer of police today comply with the above requirements my application
STANDARD SCALE, UNDER SE	N CONVICTION TO A FINE UP TO LEVEL 5 (ECTION 158 OF THE LICENSING ACT 2003 T IN CONNECTION WITH THIS APPLICATION
Part 4 – Signatures (please read gr	uidance note 2)
	t's solicitor or other duly authorised agent (See gapplicant please state in what capacity.
Signature	
Date	
Capacity	
authorised agent (please read guida	
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authorised agent (please read guida state in what capacity. Signature Date Capacity Contact name (where not previous	nce note 4). If signing on behalf of the applicant
authorised agent (please read guida state in what capacity. Signature Capacity Contact name (where not previous associated with this application (pl	

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.