

Prem/02323/007



PREM4

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

**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 Stephanie FARQUHARSON..... (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

PREM/02323

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description KILN BRIGNAL GARTH BURMANTOFTS	
Post town LEEDS	Post code LS8 7HB
Telephone number at premises (if any)	

Please give a brief description of the premises
PUBLIC HOUSE

ENTERTAINMENT LICENSING

23 SEP 2011

RECEIVED

Name of current premises licence holder
PAUL CLARK

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:

- 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
 - o Statutory function; or
 - o A function discharged by virtue of Her Majesty's prerogative

Please tick yes

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

FAROUHARSON

STEPHANIE

Please tick Yes

I am 18 years old or over

Current postal address
if different from
premises address

[Redacted]

Post Town

[Redacted]

Postcode

[Redacted]

Daytime contact telephone number

[Redacted]

Email address (optional)

[Redacted]

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

[Redacted]

[Redacted]

Please tick Yes

I am 18 years old or over

Current postal address
if different from
premises address

[Redacted]

Post Town

[Redacted]

Postcode

[Redacted]

Daytime contact telephone number

[Redacted]

Email address (optional)

[Redacted]

(B) 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	[REDACTED]
Address	[REDACTED]
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	[REDACTED]
Telephone number (if any)	[REDACTED]
E-mail address (optional)	

Part 3

Are you the holder of the premises licence under an interim authority notice?
Do you wish the transfer to have immediate effect?

Please tick yes

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

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

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?~~

PAGES 5-9 OF PREMISES LICENCE
DAMAGED ON REMOVAL

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
- 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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE (£5,000) 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 [redacted]

Date 23/9/11

Capacity Prem licence holder

For joint applications signature of 2nd applicant or 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 if not the applicant

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. 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.