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|  | WANDSWORTH COUNCIL Regulatory Services Partnership  Environment & Regeneration  Merton Civic Centre  100 London Road  Surrey, SM4 5DX |

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.

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| **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

|  |  |
| --- | --- |
| **Name of premises** | |
| Postal address of premises or, if none, ordnance survey map reference or description | |
| **Post Town** | **Post Code** |
| **Telephone number of premises** (if any) | **Mobile number** (optional |
| **E-mail address** (optional) | **Fax number** (optional) |

|  |
| --- |
| Please give a brief description of the premises (please read guidance note 1) |

|  |
| --- |
| 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?

Please X

1. an individual or individuals**\***  please complete section (A)
2. a person other than an individual**\***
   1. as a limited company  please complete section (B)
   2. as a partnership  please complete section (B)
   3. as an unincorporated association, or  please complete section (B)
   4. other (for example a statutory corporation)  please complete section (B)
3. a recognised club  please complete section (B)
4. a charity  please complete section (B)
5. the proprietor of an educational establishment  please complete section (B)
6. a health service body  please complete section (B)
7. an individual who is registered under Part 2 of the  please complete section (B)

Care Standards Act 2000 (c14) in respect of an

independent hospital in Wales

ga) a person who is registered under Chapter 2 of Part  please complete section (B)

1 of the Please Health and Social Care Act 2008 (within the

meaning of that Part) in respect of an independent

hospital in England

1. the chief officer of police of a police force in England  please complete section (B)

and Wales

**\***If you are applying as a person described in (a) or (b) please confirm:

X

* 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 appropriate)

Mr  Mrs  Miss  Ms  Other title:

|  |  |
| --- | --- |
| **Surname** | **First Name(s)** |

**I am 18 years old or over**  Please X

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality:** | | | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit ‘**share code’** provided to the applicant by that service (please see note 2 for information) | | | |
| Current postal address if different from premises address | | | |
| **Post Town** | | **Post Code** | |
| **Daytime telephone number** | **Mobile number** (optional) | | **Email address** (optional) |

**SECOND INDIVIDUAL APPLICANTS** (fill in as appropriate)

Mr  Mrs  Miss  Ms  Other title:

|  |  |
| --- | --- |
| **Surname** | **First Name(s)** |

**I am 18 years old or over**  Please X

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality:** | | | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit ‘share code’ provided to the applicant by that service (please see note 2 for information) | | | |
| Current postal address if different from premises address | | | |
| **Post Town** | | **Post Code** | |
| **Daytime telephone number** | **Mobile number** (optional) | | **Email address** (optional) |

**(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 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 X

Are you the holder of the premises licence under an interim authority notice?

Do you want the transfer to have immediate effect?

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Day | | | Month | | Year | | | |
|  |  |  |  | |  |  |  |  |  |

Please X

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 X

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 X

I have enclosed the premises licence

|  |
| --- |
| **If you have not enclosed the premises licence referred to above 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 at:

Licensing Department, Lavender Hill Police Station, 176 Lavender Hill, London SW11 1JX

* I have sent a copy of this application form to Home Office Immigration Enforcement today at:

Alcohol Licensing Team, Lunar House, 40 Wellesley Road, Croydon, CR9 2BY

* Applicable to all individual applicants, including those in a 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)

* I understand that that if the premises offers gaming (fruit / slot) machines as defined by the

Gambling Act 2005 and I wish to continue I am required to make a separate application

**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 issued with 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)

**Signature of applicant or applicant’s solicitors or other duly authorised agent** (see guidance note 4)**.**

**If signing on behalf of the applicant please state in what capacity.**

Signature

Print Name

Date

Capacity

**For joint applicants signature of second applicant, second applicant’s solicitors or other duly authorised agent** (see guidance note 5)**. If signing on behalf of the applicant please state in what capacity.**

Signature

Print Name

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** | |
| **Daytime telephone number** | **Mobile number** (optional) | | **Email address** (optional) |

#### Notes for Guidance

|  |
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| 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 |

 A licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK 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 licence issued in respect of an application made on or after 6 April 2017 will become invalid 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 licensable 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 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 original documents, 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, 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 copies of documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

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

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|  | WANDSWORTH COUNCIL Regulatory Services Partnership  Environment & Regeneration  Merton Civic Centre  100 London Road  Surrey, SM4 5DX |

CONSENT OF PREMISES LICENCE HOLDER TO TRANSFER

**I/We**

|  |
| --- |
| (full name of premises licence holder(s)) |

**The premises licence holder of premises licence number**

|  |
| --- |
| (premises licence number) |

**Relating to**

|  |
| --- |
| (name and address of premises to which the application relates) |

**Hereby give consent for the transfer of premises licence number**

|  |
| --- |
| (premises licence number) |

**To**

|  |
| --- |
| (full name of transferee) |

Signature

Print Name

Date