

CITY OF YORK COUNCIL

Licensing Services, Hazel Court EcoDepot, James Street, York, Y010 3DS

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.

Tou may wish to keep a copy of the completed form for your records.					
I/We					
Premises licence number					
Part 1 – Premises Details					
Postal address of premises or, if none, ordnanc	e 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 premises licence to be transferred to you?

									Please ti	ck ☑ yes
a)	an individual or individuals*				please comple	ete section	(A)			
b)	a person other than an individual*									
	i. as a limited company				please comple	ete section	(B)			
	ii.	as a partnersl	hip					please comple	ete section	(B)
	iii.	as an unincor	porated ass	ociation or				please comple	ete section	(B)
	iv.	Other						please comple	ete section	(B)
c)	c) a recognised club				please comple	ete section	(B))			
d)) a charity				please complete section (B)					
e)	The proprietor of an educational establishment				please comple	ete section	(B)			
f)	A h	ealth service b	ody					please comple	ete 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			t	please comple	ete section	(B)			
ga)	ga) A person who is registered under Chapter 2 of Part 1 please complete section (B) 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						(B)			
h) The chief officer of police of a police force in England										
*If you are applying as a person described in (a) or (b) please confirm:										
Please tick ☑ yes 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 applicable)										
Mr		Mrs	Miss		M	s [_	her title or example, Rev)	
Surn	ame					First na	mes			
									Please	tick yes
Date	Date of Birth I am 18 years old or over									

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			Postcode			
Daytime contact telepho	one number					
Email address (optional))					
SECOND INDIVIDUAL	APPLICANT (IF	APPLIC	CABLE)			
Mr Mrs	Miss		Ms	Other title (for examp	ole, Rev)	
Surname			First name	es		
					Please	e tick yes
Date of Birth						
				I am 18 yea	ars old or over	
Nationality				I am 18 yea	ars old or over	
Nationality Where applicable (if der service), the 9-digit 'sha information).				e Office onlin	e right to work ch	
Where applicable (if del service), the 9-digit 'sha				e Office onlin	e right to work ch	
Where applicable (if del service), the 9-digit 'sha				e Office onlin	e right to work ch	

Daytime contact telephone number							
Email address (optional)							
(B) OTHER APPLICANTS							
Please provide name and registered addregistered number. In case of a partners give the name and address of each party	ship or other joint n						
Name							
Address							
Registered number (where applicable)							
Description of applicant (for example, pa	rtnership, company	/, uninco	rporated	d asso	ciatior	etc.)
Telephone number (if any)							
E-mail address (optional)							
Part 3							
Are you the holder of the premises licence	ce under an interim	authorit	y notice	?	Plea	ase ti	ck ☑ yes
Do you wish the transfer to have immedi-	ate effect?						
If not when would you like the transfer to	take effect?	Day	Mo	nth	Year	,	
I have enclosed the consent form signed	by the existing pre	emises li	cence h	older			
I have enclosed the consent form signed If you have not enclosed the consent for steps have you taken to try and obtain co	m referred to abov				sons \	why r	ot. What
If you have not enclosed the consent for	m referred to abov				sons \	why r	ot. What
If you have not enclosed the consent for	m referred to abov				sons \	why r	not. What
If you have not enclosed the consent for	m referred to abov				sons v	why r	ot. What
If you have not enclosed the consent for	m referred to abov				sons \	why r	not. What
If you have not enclosed the consent for	m referred to abov				sons v	why r	not. What

		Please tick ☑	yes
app	nis application is granted, I would be in a position to use the premises during the olication period for the licensable activity or activities authorised by the licence e section 43 of the Licensing Act 2003)		
	The same of the same state is a second secon		
•	I have enclosed the premises licence		Ш
If yo	ou have not enclosed premises licence referred to above, please give the reasons why no	ot	
•	I have made or enclosed payment of the fee		
•	I have enclosed the consent form signed by the existing premises licence holde	er:	
	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 application to Home Office Immigration Enforcement	loday	
•	I have included documents, or my Home Office online right to work checking se	rvice	
	share code, to demonstrate my entitlement to work in the United Kingdom (plea [Applicable to all individual applicants, including those in a partnership which is liability partnership, but not companies or limited liability partnerships]		<u>?</u>).
•	I understand that if I do not comply with the above requirements my application	will be rejected	d

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 PURUANT 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 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					
		d applicant's solicitor or other authorised agent. he applicant please state in what capacity.			
Signature					
Date					
Capacity					
Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 6)					
Post town		Post code			
Telephone nun	nber (if any)				
If you would pr	refer us to correspond with you b	y 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. Right to work/Immigration status:

A licence may not be held by an individual or an individual in a 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 premises 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 checked online. 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 chare code from the service should submit copy 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.

- 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.