# 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.

	IAN Fredrick (Insert name of applicant) y to transfer the premises licence		low under section 42 of the
Lice	nsing Act 2003 for the premises de	scribed in Pa	art 1 below
Prem	nises licence number	HOPS	50033
Part	1 – Premises details		
Posta desc	al address of premises or, if none, ription The Royal (32 Station	ordnance su Roa Roa	rvey map reference or
Post	town Hastings	Post code	TN 34 IN J
	phone number at premises (if any)		111341103
	of current premises licence holde		
	yley Heritage		
	: - Applicant details at capacity are you applying for the p	remises licen	ce to be transferred to you?
		Ple	ease tick yes
a)	an individual or individuals*	Z	please complete section (A)
b) i.	a person other than an individual * 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 (for example a statutory corpo	ration)	please complete section (B)
c)	a recognised club		please complete section (B)
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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)
<ul> <li>g) an individual who is registered under Part</li> <li>2 of the Care Standards Act 2000 (c14) in respect of an independent hospital</li> </ul>	please complete section (B)
<ul> <li>h) the chief officer of police of a police force in England and Wales</li> </ul>	please complete section (B)
*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 bus	siness which involves
the use of the premises for licensable activities	s; or
I am making the application pursuant to a	
<ul> <li>statutory function or</li> </ul>	
<ul> <li>a function discharged by virtue of Her Ma</li> </ul>	ajesty's prerogative
	<b>\</b>
(A) INDIVIDUAL APPLICANTS (fill in as applicable	;)
Mr Mrs Miss Ms	Other title (for example, Rev)
Mr 🗹 Mrs 🗌 Miss 🗎 Ms 🔲	Other title
Mr 🗹 Mrs 🗌 Miss 🗎 Ms 🔲	Other title (for example, Rev)
Mr  Mrs  Miss  Ms    Surname First	Other title (for example, Rev)
Mr  Mrs  Miss  Ms    Surname First   TRTBE	Other title (for example, Rev)
Mr Mrs Miss Ms  Surname  First  I am 18 years old or over  Current postal address if different from premises address address	Other title (for example, Rev)
Mr Mrs Miss Ms  Surname  First  TRTBE  I am 18 years old or over  Current postal address if different from premises address address	Other title (for example, Rev)  names  Please tick yes

SECOND INDI	VIDUAL A	PPLICA	ANT (fi	ll in as a	applicable)	
Mr Mrs		Miss		Ms		Other title [ (for example, Rev)
Surname				Fit	rst names	
						Please tick yes
I am 18 years o	ld or over	•				l lease tick yes
Current postal address if different from premises address						
Post town					Post cod	de
Daytime contac	t telephoi	ne num	ber			
E-mail address (optional)						
(B) OTHER API	PLICANTS	6				
please give any	registered	numbei	. In the	e case d	of a partne	n full. Where appropriate rship or other joint venture ddress of each party
Name						
Address						
Registered numb	er (where	applica	ble)			
Description of ap association etc)	plicant (foi	r examp	le part	nership	, company	, unincorporated
Telephone numb	er (if any)					
E-mail address (d	optional)					

Part 3

	es
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 y	es
I have enclosed the consent form signed by the existing premises licence holder	警
If you have not enclosed the consent form referred to above please give the reason why not. What steps have you taken to try and obtain the consent?	s
She call and said she donte	
She call and said she donke want to work at the bar anymound walkout	<b>3</b> 10
and walkout	
Please tick y	es
	J
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)	
period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)  Please tick y	_
period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)  Please tick y	<u>√</u>

	on to the chief officer of police today with the above requirements my
IT IS AN OFFENCE, LIABLE ON CONVICTHE STANDARD SCALE, UNDER SECTO MAKE A FALSE STATEMENT IN OR APPLICATION	TION 158 OF THE LICENSING ACT 2003
Part 4 - Signatures (please read guidar	ce note 2)
Signature of applicant or applicant's so (See guidance note 3). If signing on behacapacity.  Signature  Date 15/05/17  Capacity MIANGER	alf of the applicant please state in what
For joint applicants signature of 2 <sup>nd</sup> app authorised agent (please read guidance i applicant please state in what capacity.	olicant, 2 <sup>nd</sup> applicant's solicitor or other note 4). If signing on behalf of the
Signature	
Date	
Capacity	
Contact name (where not previously give correspondence associated with this ap	ren) and postal address for oplication (please read guidance note 5)
Post town	Post Code
Telephone number (if any)	
f you would prefer us to correspond wit optional)	h you by e-mail your e-mail address

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

#### **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.

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

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You may wish to keep a copy of the completed form for your records.

HAN FREDRICK TRIBE

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

HOP 50033

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or

description The Royal George 32 Station Road

East Sussec

Post town

Hastings

Post code (if known)

TN 34 INJ

Telephone number (if any)

Description of premises (please read guidance note 1)

Supply of Alcohol Late night rereshement

Recorded Music

W201701772. LN6574

1 8 MAY 2017

Ion Fredrick Trbe	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)  IHO 05106	I
Full name of existing designated premises supervisor (if any)  Ton Frederick Tribe Housey Hent	oq
Please tic	k yes
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	
I have enclosed the premises licence or relevant part of it	7
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)	ı
Reasons why I have failed to enclose the premises licence or relevant part	of it
Please tic	k yes
<ul> <li>I have made or enclosed payment of the fee</li> <li>I will give a copy of this application to the chief officer of police</li> <li>I have enclosed the consent form completed by the proposed premises</li> </ul>	
supervisor I have enclosed the premises licence, or relevant part of it or explanation I will give a copy of this form to the existing premises supervisor, if any I understand that if I do not comply with the above requirements my application will be rejected	
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 OF THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION	

Full name of proposed designated premises supervisor

Part 3 – 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 & Tall
Date 16/05/17
Date 16/05/17 Capacity PREMISES LICENCE ITOLDER
For joint applicants signature of 2 <sup>nd</sup> applicant 2 <sup>nd</sup> 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
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)
840年1月三日三日三日
1501年1677年1678年1678年1678日
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)

### Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 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.

# Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]
of Control
(E) 1 至 2 年 3 年 3 年 3 年 3 年 3 年 3 年 3 年 3 年 3 年
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
Transfer à chaye of DPS
by
myself .  [name of applicant]
relating to a premises licence LOP SOO3'3 [number of existing licence, if any]
for THE POYAL GEOLGE
32 STATION ROAD
MASTINGS
Trost INJ.
[name and address of premises to which the application relates]



and any premises licence by	to be granted or varied in respect of this application made		
[name of applicant]			
concerning the supply of	alcohol at		
THE R	MAL GEORGE MATION ROAD		
32 9	TATION PORD		
MASTIN	uas		
[name and address of premise	s to which application relates]		
I also confirm that I am a licence, details of which I	applying for, intend to apply for or currently hold a personal set out below.		
Personal licence number			
HO OS	5106 r, if any)		
Personal licence issuing	authority		
[insort name and address and telephone number of personal licence issuing authority, if any]			
	1 1		
Signed	le Tule		
Name (please print)	IAN FREDRICK TRIBE		
Date	16/05/17		

#### **HASTINGS BOROUGH COUNCIL**

## Consent of premises licence holder to transfer

I/we HATEN HERTTAGE  [full name of premises licence holder(s)]
the premises licence holder of premises licence number HOP50 o 3 3  [insert premises licence number]
relating to
[name and address of premises to which the application relates]
hereby give my consent for the transfer of premises licence number
HOP50 63 3 [Insert premises (Icence number]
to
[full name of transferee].
signed H. Herdage name (please print) HAYLEY HERLTAGE
name (please print) HAYLEY HERITAGE.
dated 16-5-17



X