Interim authority notice 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) give this interim authority notice under section 47 of the Licensing Act 2003 for the premises described in Part 1 below						
Prer	nises	s licence number (if	known)			
Part	1 – 1	Premises details				
Pos	tal ad	ddress of premises of	or, if none, ordnand	e survey m	nap reference	or description
Pos	t tow	n			Post code	
Tele	phor	ne number (if any)			-	
E-m	ail ac	ddress (optional)				
Part 2 – Notice giver details						
In what capacity are you giving the interim authority notice? See section 47 of licensing Act 2003						
Please tick yes						
premises as freeholder or leaseholder			please complete section (A)			
b) I am a person other than an individual with a legal interest in the premises as freeholder or leaseholder						
	i.	a limited company			please comp	lete section (B)
	ii.	a partnership			please comp	lete section (B)
	iii.	an unincorporated as	ssociation or		please comp	lete section (B)
	iv.	other			please comp	lete section (B)
c)		n a personal represent mises licence holder w			please comp	elete section (B)

d) I have power of attorney which the former premises licence hol become mentally incapable		☐ plea	ase compl	ete section	n (B)
e) I am the insolvency practitioner premises licence holder who is		☐ plea	ase compl	ete section	n (B)
Date of lapsing of licence					
On what date (as applicable)			Day	Month \	Year
did the former premises licen-	ce holder die?				
 was the power of attorney reg Enduring Powers of Attorney 		on 6 of the			
 did the former holder become 	e insolvent?				
(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)					
Mr Mrs Miss	☐ Ms ☐	Other Tit	,		
Surname	First n	ames			
I am 18 years old or over			Pleas	se tick yes	
Current postal address if different from premises address					
Post Town		Pos	stcode		
Daytime contact telephone number	er				
E-mail address					

DETAILS OF SECOND INDIVIDUAL NOTICE GIVER (IF APPLICABLE)

Mr	Miss	Ms	Other Title (for example, Rev)		
Surname		First na	mes		
I am 18 years old or o	ver		☐ Please tick yes		
Current postal address if different from premises address					
Post Town		<u>, </u>	Postcode		
Daytime contact telep	phone number				
E-mail address (optional)					
(B) NON-INDIVIDUAL	NOTICE GIVER				
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		Yes (please tick)			
Has an interim authority notice previously been given relating to this premises and the former premises licence holder?					
If not when do you want the variation to take effect from					
	an application to transfer the premises licence of the Licensing Act 2003?				
		Please tick yes			
I have mad	e or enclosed payment of the fee				
 I have sent premises is 	a copy of this form to the chief officer of police for the situated	ne area in which the			
 I have notif licence hold 	ied the designated premises supervisor (if different f der), if any	rom the premises			
 I understand be rejected 	d that if I do not comply with the above requirements	s my application will			
CHIEF OFFICER THE PREMISES IT IS AN OFFEN STANDARD SC FALSE STATEN	ICE, LIABLE ON CONVICTION TO A FINE UP TO A ALE, UNDER SECTION 158 OF THE LICENSING A MENT IN OR IN CONNECTION WITH THIS APPLIC	POLICE AREA IN WHICH LEVEL 5 ON THE ACT 2003 TO MAKE A			
Part 4 – Signati	ires (please read guidance note1)				
	tice giver or notice giver's solicitor or other duly ote 2). If signing on behalf of the notice giver ple				
Signature					
Date					
Capacity					
•	s signature of 2 nd notice giver or 2 nd notice giver'nt (please read guidance note 3). If signing on behwhat capacity.				
Signature					
Date					
Canacity					

	Contact name (where not previously given) and address for correspondence associated with this notice (please read guidance note 4)			
Post town		Post code		
Telephone number (if any)				
If you would p	refer us to correspo	nd with you by e-mail your e-mail address (optional)		

Notes for Guidance

- 1. The notice must be signed.
- 2. A notice giver'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 notice giver, both notice givers 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.