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.

ensure that your answers are inside the boxes and written in black ink. Use additional sheets f necessary. You may wish to keep a copy of the completed form for your records.					
	(Insert name of applicant) give this ection 47 of the Licensing Act 2003 for				
Part 1 below					
Premises licence number (if kno	own)				
Part 1 – Premises details					
Postal address of premises or, if non- description	e, ordnance survey map reference or				
Post town	Post code				
Telephone number (if any)					
E-mail address (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

a)	I am an individual with a legal interest in the premises as freeholder or leaseholder	he	please com	plete sectior	n (A)
	I am a person other than an individual witl legal interest in the premises as freeholder or leaseholder	n a			
	i. a limited company		please com	plete sectior	n (B)
	ii. a partnership		please com	plete sectior	n (B)
	iii. an unincorporated association or		please com	plete sectior	n (B)
	iv. other		please com	plete sectior	n (B)
c)	I am a personal representative for the former premises licence holder who has died		please com	plete sectior	n (B)
d)	I have power of attorney which is registered for the former premises licence holder who has become mentally incapable		please com	plete sectior	n (B)
e)	I am the insolvency practitioner for the former premises licence holder who is insolvent		Please com	plete sectio	n (B)
Date of On what (as apple		Day	Month	Year	
• did the	former premises licence holder die?				
	e power of attorney registered under 6 of the Enduring Powers of Attorney 5?				
• did the	former holder become insolvent?				

(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)
Mr Mrs Miss Ms Other title (for example, Rev)
Surname First names
Please tick yes I am 18 years old or over Current postal address if different from
premises address
Post Town Postcode
Daytime contact telephone number
E-mail address (optional)
DETAILS OF SECOND INDIVIDUAL NOTICE GIVER (if applicable)
Mr Mrs Miss Ms Other title (for example, Rev)
Surname First names
Please tick yes
Current postal address if different from premises address
Post Town Postcode
Daytime contact telephone 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, coetc)	ompany, ur	nincorpora	ted associ	ation
Telephone number (if any)				
E-mail address (optional)				
PART 3		Υ	′es (please	e tick)
Has an interim authority notice previously been given rethis premises and the former premises licence holder?	elating to			
If yes please give the date	Day	Month	Year	
Has there been an application to transfer the premise under section 50 of the Licensing Act 2003?	es licence		,	
		PI	ease tic	k yes
I have made or enclosed payment of the fee				
I have sent a copy of this form to the chief officer of police for the area in which the premises is situated				
I have notified the designated premises supervisor (if different from the premises licence holder), if	any			
I understand that if I do not comply with the above requirements my application will be rejected				

THIS NOTICE WILL LAPSE AT THE END OF THE SEVEN DAY PERIOD AFTER THE LAPSING OF THE PREMISES LICENCE UNLESS A COPY OF THE NOTICE HAS BEEN GIVEN TO THE CHIEF OFFICER OF POLICE FOR THE POLICE AREA OR EACH POLICE AREA IN WHICH THE PREMISES IS SITUATED

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, 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 note1)

Signature of notice giver or notice giver's solicitor or other duly authorised agent (please read guidance note 2). If signing on behalf of the notice giver please state in what capacity.

Signature		
Date		
Capacity		
	giver or 2 nd notice giver's solicitor or other ote 3). If signing on behalf of the applicant	
Signature		
Date		
Capacity		
Contact name (where not previously give		
associated with this notice (please read g	juidance note 4)	
Post town	Post code	
Telephone number (if any)		
If you would prefer us to correspond with (optional)	n you by e-mail your e-mail address	

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.