

Notice of application to transfer a Premises Licence (Form B)

This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005

Notice is hereby given that the person or organisations whose details are given in the Schedule to this notice has applied for the transfer to them of a premises licence of the following type:

(Specify the type of premises licence to which the application relates)

The application relates to the following premises:

(Give the trading name used at the premises, and the address of the premises (or, if none, give a description of the premises and their location)

The application has been made to the following licensing authority:

North Lincolnshire Council, Neighbourhood & Environment
Licensing Division, Church Square House, P O Box 42, Scunthorpe, DN15 6XQ
Tel (01724) 297750 or 297745
Fax: (01724) 297692/email: licensing@northlincs.gov.uk

Website: www.northlincs.gov.uk

The current licence holder(s) is/are:

(Give the full name of the licence holder(s) as set out in the premises licence (if known))

The number of the premises licence (if known):

(Insert here the reference number of the premises licence as given in the licence itself.)

Schedule of applicants

The persons or organisations making the application are as follows:

Name of 1st Applicant:

(Give the full name of the applicant. The name should be the same as that given in Part 1 of the application to transfer the premises licence)

Address of 1st Applicant:

Postcode:

(Give the full address of the 1st Applicant. The address should be the same as that set out in Part 1 of the application to transfer the premises licence)

The number of the operating licence held by 1st Applicant is:

The 1st Applicant applied for an operating licence on:

(Delete as appropriate. Insert the reference number of the applicants operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.)

Name of 2nd Applicant:

(Give the full name of the applicant. The name should be the same as that given in Part 1 of the application to transfer the premises licence.)

Address of 2nd Applicant:

Postcode:

(Give the full address of the applicant. The address should be the same as that set out in Part 1 of the application to transfer the premises licence.)

The number of the operating licence held by 2nd Applicant is:

The 2nd Applicant applied for an operating licence on:

(Delete as appropriate. Insert the reference number of the applicants operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.)

(Where there are more than two applicants, also give the same information for the other applicants.)