

For Official Use: Cash Office/Service Point

APPLICATION FEE:	£283.00
FEE PAID:	
RECEIPT NO:	
DATE RECEIVED:	
RECEIVED BY: (SERVICE POINT & INITIALS)	



HIGHLAND LICENSING BOARD
Licensing (Scotland) Act 2005, section 34
Application for Transfer of Premises Licence
on application of Person OTHER than Licence Holder

Complete all sections of the application form. The application should be accompanied by the Premises Licence to which the application relates. The application requires to be lodged within 28 days of the occurrence of the event described at Section 2.

SECTION 1 – PREMISES INFORMATION

a) Details of premises to which the transfer applies

Premises Licence No.	
Name of Premises	
Address of Premises (including postcode)	
E-mail Address:	
Telephone No:	

SECTION 2 – REASON FOR TRANSFER

Please tick only one box

(a) The premises licence holder, being an individual – <ul style="list-style-type: none">• has died• has become incapable within the meaning of Section 1(6) of the Adults with Incapacity (Scotland) Act 2000	
(b) The premises licence holder, being an individual, partnership or company has become insolvent	
(c) The premises licence holder, being a person other than an individual, a partnership or a company, is dissolved or	
(d) The business carried on in the licensed premises to which the licence relates is transferred (whether by sale or otherwise) to another person.	
Please provide the date the event occurred:	

SECTION 3 – TRANSFEREE INFORMATION

- Where the transferee is an **individual** complete Sections 3(a), 3(f) and 3(g).
- Where the transferee is a **partnership, company** or **club/other body** please complete either Section 3(b) or 3(c) or 3(d) **and** 3(e), 3(f) and 3(g).

3(a) Where the transferee is **an individual**, please provide full name, home address including postcode, date and place of birth, telephone number and email address:

Name of Individual			
Home Address (including postcode)			
Date of birth		Place of birth	
Telephone No			
E-mail Address			

3(b) Where transferee is **a partnership**, please provide full name and postal address of partnership:

Name of Partnership	
Address of Partnership (including postcode)	

3(c) Where transferee is **a company**, please provide name, registered office and company registration number.

Company Name	
Address of Registered Office (including postcode)	
Company Registration Number	

3(d) Where transferee is **a club or other body**, please provide full name and postal address of club or other body.

Name of club/other body	
Address (including postcode)	

3(e) Where transferee is a **partnership, company, club or other body**, please provide the name(s), date(s) and place(s) of birth and home address(es) of connected person(s)*.

Continue on a separate page if necessary.

*Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005 – (see guidance note 2)

3(f) Has the transferee been refused a premises licence under section 33 of the Licensing (Scotland) Act 2005 in respect of the same premises? *YES NO

*If yes, please provide details below:

3(g) Has the transferee or any connected person ever been convicted of a relevant or foreign offence? *YES NO

*If yes, please provide full details.

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974.

Name & position (if applicable)	Date of conviction or sentence	Court	Offence	Penalty

SECTION 4 – PREMISES MANAGER

Will the transfer result in a change of the premises manager? *YES NO

If **YES**, you will require to make an application for variation of premises licence to intimate a new premises manager.

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

The contents of this Application are true to the best of my knowledge and belief.

Signature: Print Name:

Capacity: APPLICANT/AGENT (delete as appropriate)

Date:

Telephone number and email address of signatory:

Telephone No:	
E-mail Address:	

Postal Address of Agent (if appropriate)

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Data Protection Act 1998

The information on this form may be held on an electronic register which may be available to members of the public on request.

APPLICATION CHECKLIST:	
I have enclosed the relevant documents with this application – please tick the relevant boxes	
Application Fee - £283.00 - For ways to pay, see Note 4 below. (Please note that the Council can no longer accept payment of applications by cheque or cash).	
Verification of applicant’s entitlement to work in the UK	
<u>Premises Licence, including:</u> <ul style="list-style-type: none">• Premises Licence• Summary of Premises• Operating Plan• Layout Plan	

LICENSING (SCOTLAND) ACT 2005
Application for Transfer of Premises Licence (Section 34)
Guidance Notes

Note 1: Section 34

(1) A person other than:-

- (a) the holder of a Premises Licence, or
- (b) an individual under the age of 18

may, within 28 days of the occurrence of any of the events specified in Section 2 of the application form, apply to the appropriate Licensing Board for the transfer to that person of the licence.

(2) The application must be accompanied by:

- (a) the premises licence to which the application relates, or if that is not practicable,
- (b) a statement of the reasons for failure to produce the licence.

Note 2: Connected Person

In terms of section 147(3) of the Licensing (Scotland) Act 2005 a connected person is, in relation to a partnership, a company, a club or other body (whether incorporated or unincorporated), a connected person if the person –

- (a) in the case of a partnership, is a partner
- (b) in the case of a company –
 - (i) is a director or,
 - (ii) has control of the company
- (c) in the case of a club, is an office bearer of the club,
- (d) in any other case, is concerned in the management or control of the body.

Note 3: Notification of Application

Upon receipt of the application the Licensing Board must give notice of it, together with a copy of the application to the appropriate Chief Constable who must respond to the application within twenty-one days.

Note 4: Submission of Application**HIGHLAND LICENSING BOARD CONTACT ADDRESSES AND PAYMENT DETAILS**

Clerk to the Board	Inverness, Nairn, Badenoch and Strathspey areas	Lochaber
Claire McArthur Highland Licensing Board Council Offices High Street Dingwall IV15 9QN Tel: (01349) 868541 claire.mcarthur@highland.gov.uk	Highland Licensing Board Highland Council Headquarters Glenurquhart Road Inverness IV3 5NX Tel: (01463) 785087 licensing@highland.gov.uk	Highland Licensing Board Council Offices Charles Kennedy Building Achintore Road Fort William PH33 6RQ Tel: (01397) 707233 licensing@highland.gov.uk
Caithness and Ross areas	Sutherland	Skye and Lochalsh
Highland Licensing Board Caithness House Market Place Wick KW1 4AB Tel: (01955) 608214 licensing@highland.gov.uk	Highland Licensing Board Council Offices Drummuie Golspie KW10 6TA Tel: (01408) 635205 licensing@highland.gov.uk	Highland Licensing Board Council Offices Tigh na Sgìre Park Lane Portree, IV51 9GP Tel: (01478) 613824 licensing@highland.gov.uk

If you wish any additional guidance or advice, please contact your **Licensing Standards Officer** in your area:

LICENSING AREA	LSO	CONTACT DETAILS
SOUTH Inverness, Nairn, Badenoch & Strathspey	Shonnie Campbell	Tel: 01463 702259 E-mail: shonnie.campbell@highland.gov.uk
NORTH Caithness, Sutherland and Ross	Garry Cameron	Tel: 01408 635217 E-mail: garry.cameron@highland.gov.uk
WEST Skye and Lochalsh and Lochaber	Chris MacKinnon	Tel: 07760 703222 E-mail: ewenchristopher.mackinnon@highland.gov.uk

WAYS TO PAY:

By Debit or Credit Card

- In Person at any Service Point
- By Telephone to a member of Council staff. Please telephone the payment line on 01349 886605/09 and a member of staff will be able to take your payment. This service is available Monday-Friday 8 am to 5 pm,

By Bank Credit Transfer, Telephone or Online Banking or Standing Order

Please pay to the: Virgin Bank, 15 Academy Street, Inverness, IV1 1JN
Bank Sort Code: 82:70:13
Bank Account Number: 30000542
Please quote: Name of Premises/Type of Application or Invoice Number with all payments.

EQUAL OPPORTUNITIES MONITORING FORM QUESTIONS

Introduction to Equalities Form:

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the application process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics produced.

Data Protection Act 1998

Information you provide in this form will be processed fairly and lawfully for the following purposes:

- For administrative purposes, reporting, monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

Question 1: Gender Identity - 1

How would you describe your gender?

Female

Male

Prefer not to answer

Question 2: Gender Identity - 2

Have you ever identified as a transgender person or trans person?

(For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)

Yes

No

Prefer not to answer

Question 3: Age

Please tick one box:-

18-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to answer

Question 4: Religion or Belief

What is your Religion or Belief?

Buddhist	
Church of Scotland	
Hindu	
Humanist	
Jewish	
Muslim	
None	
Other Christian	
Sikh	
Pagan	
Roman Catholic	
Prefer not to answer	
Other Religion or Belief, please specify (FREE TEXT):	

Question 5: Ethnic Group

What is your ethnic group? Choose one from section A to F

A. White	
Scottish	
Other British	
Irish	
Gypsy/Traveller	
Polish	
Other white ethnic group	
B. Mixed or Multiple Ethnic Group	
Any mixed or multiple ethnic groups	
C. Asian, Asian Scottish or Asian British	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
Other	
D. African	
African, African Scottish or African British	
Other	
E. Caribbean or Black	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Other	

F. African

Arab, Arab Scottish or Arab British

Other

Prefer not to answer

Other, please specify (FREE TEXT)

Question 6a: Disability

Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day tasks.

Do you consider that you have a disability?

Yes

No

Prefer not to answer

Question 6b: Disability (Impairment)

If yes to the above question, please state the type of impairment which applies to you. If none of the categories apply, please mark 'Other' and specify the type of impairment.

Deafness or partial hearing loss

Blindness or partial sight loss

Learning disability for example, Down's Syndrome

Learning difficulty for example, dyslexia

Developmental disorder for example, Autistic Spectrum Disorder or Asperger's Syndrome

Physical disability

Mental health condition

Long-term illness, disease or condition

Prefer not to answer

Question 7: Sexual Orientation

What is your sexual orientation?

Bisexual

Gay

Heterosexual/Straight

Lesbian

Prefer not to answer
