

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

Premises licence number (if known)

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description			
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 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 complete section (B)
 - ii. a partnership please complete section (B)
 - iii. an unincorporated association or please complete section (B)
 - iv. other please complete section (B)
- c) I am a personal representative for the former premises licence holder who has died please complete section (B)

- d) I have power of attorney which is registered for the former premises licence holder who has become mentally incapable please complete section (B)
- e) I am the insolvency practitioner for the former premises licence holder who is insolvent please complete section (B)

Date of lapsing of licence

On what date (as applicable)

Day Month Year

- did the former premises licence holder die?
- was the power of attorney registered under section 6 of the Enduring Powers of Attorney Act 1985?
- did the former holder become insolvent?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post Town					
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, 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

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has there been an application to transfer the premises licence under section 50 of the Licensing Act 2003?

Please tick yes

- I have made or enclosed payment of the fee £23
- 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 28 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	

For joint notices signature of 2nd notice giver or 2nd notice giver’s solicitor or other authorised agent (please read guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

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 prefer us to correspond 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.

Address for the Police:

The Chief Constable
Nottinghamshire Police
HQ (CJ) Liquor Licensing
Mansfield Police Station
Great Central Road
Mansfield
Notts NG18 2HQ