

**Application to transfer premises licence to be granted 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 Ei Group plc

*(Insert name of applicant)*

**apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below**

**Premises licence number**

**Part 1 – Premises details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> Painters Arms 18 Lake Road Portsmouth	
<b>Post town</b> Hampshire	<b>Post code</b> PO1 4HA
<b>Telephone number at premises (if any)</b> N/A	

<b>Please give a brief description of the premises</b> Public House
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<b>Name of current premises licence holder</b> Bernice Gofton
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**Part 2 - Applicant details**

In what capacity are you applying for the premises licence to be transferred to you?

a) an individual or individuals\*

Please tick  yes

please complete section (A)

b) a person other than an individual \*

i. as a limited company

please complete section (B)

- ii. as a partnership  please complete section (B)
- iii. as an unincorporated association or  please complete section (B)
- iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in respect of an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\*If you are applying as a person described in (a) or (b) please confirm:

Please tick  yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

**Surname**  **First names**

**Date of birth**  
**Nationality**

**I am 18 years old or over**

Please tick  yes

**Current postal address if different from premises address**

**Post town**

**Post code**

**Daytime contact telephone number**

**E-mail address (optional)**

**SECOND INDIVIDUAL APPLICANT (fill in as applicable)**

Mr

Mrs

Miss

Ms

Other title

(for example, Rev)

**Surname**

**First names**

**Date of birth**

**I am 18 years old or over**

Please tick  yes

**Nationality**

**Current postal address if different from premises address**

**Post town**

**Post code**

**Daytime contact telephone number**

**E-mail address (optional)**

**(B) OTHER APPLICANTS**

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.



Please tick  yes

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick  yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

The premises licence has been lost

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I have sent a copy of this form to Home Office Immigration Enforcement today

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 2)

**Part 4 – Signatures** (please read guidance note 3)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature 

Date 27 October 2017

Capacity Tomoka Holman Licensing Manager Ei Group plc

**For joint applicants signature of second applicant, second applicant’s solicitor or other authorised agent** (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 6)

**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)**