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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. 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 Ilcence number Part 1 - Premises details Postal address of premises or, if none, ordnance survey map reference or 4-6 george St ASH TON Telephone number at premises (if anv) Please give a brief description of the premises (see note 1).

[Lisa Licenced Premises the that Supplys Alcohol, it was to Man Recorded Music, but, will a bar and resturnt with live music Name of current premises licence holder Donk KNOW Part 2 - Applicant details In what capacity are you applying for the premises licence to be transferred to you? Please tick yes a) an individual or individuals* please complete section (A)

please complete section (B)

as a limited company/limited liability

b) a person other than an individual *

partnership

	ii. as a partnership (other than limited liability)	please complete section (B)
	iii. as an unincorporated association of	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)
6)	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)
h)	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 an independent hospital in England	please complete section (B)
i)	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 BEEVOR	First names JAMES	
Date of Birth	Nationality BR: TISH	
		Please tick yes
am 18 years old or over yes		

Current residential address if different from premises address	
Post town	Post code
Daytime contact	telephone number
E-mail address (optional)	
right to work	ble (if demonstrating a right to work via the Home Office online checking service), the 'share code' provided to the applicant (please see note 2 for information)

Second Individu	al applicant (fill	in as applicabl	e) Not	APPlicable
M r Mrs	Miss .	Ms	Other (for or	
Surname		First		ample, Rev)
Date of Birth		Nation	nality	
I am 18 years old	or over	Please	tick yes	
Current residential address if different from premises address				
Post town		Pos	st code	
Daytime contact to	elephone numb	er		
E-mail address (optional)				

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by the service (please see note 2 for information)

(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.

Name ,	
Address	
Registered number (where applicable)	
Description of applicant (for example partnership, association etc)	company, unincorporated
Telephone number (if any)	
E-mail address (optional)	
Part 3	Please tick yes
Are you the holder of the premise license under ou	
Are you the holder of the premises licence under ar	
Do you wish the transfer to have immediate effect?	Yes
not when would you like the transfer to take effect	Day Month Year
	Please tick yes
have enclosed the consent form signed by the exist exist of the exist exist.	

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

(have emailed Him Several Himes And his Response was he would not something the licence, (please see the Attachments enclosed)

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. I do not have it, it is with the last tenant who will not give It to me.

- 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 the Home Office Immigration Enforcement today
- I have included documents, or my Home Office online right to work checking service share code, to demonstrate my entitlement to work in the United Kingdom (please read note 2). [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships]
- I understand that if I do not comply with the above requirements my application will be rejected

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 for 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)

Signature of applicant or applicant's solicitor or other duly authorised agent

Part 4 - Signatures (please read guidance note 3)

(please read guidance note 4). If signing on behalf of the applicant please state in what capacity.
Signature
Date 30/4/22
Capacity the Applicant
For joint applicants signature of 2^{nd} applicant, 2^{nd} applicant's solicitor or other authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity. $N - N$
Signature
Date
Capacity

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

Molly Mellon

H-6 george Street

Post town

Post Code

AShlon-under-line

Post Code OL6 6AQ

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Notes for guidance

- Describe the premises. For example, the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
- 2. Right to work/immigration status

A licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

They do this in one of two ways:

- by providing with this application copies or scanned copies of the documents which an applicant has provided, to demonstrate their entitlement to work in the UK (which do not need to be certified) as per information published on gov.uk and in guidance.
- by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

Home Office online right to work checking service.

As an alternative to providing a copy of original documents, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their share code

(provided to them upon accessing the service at https://www.gov.uk/prove-right-to-work) which, along with the applicant's date of birth, will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copies of documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

- 3. The application form must be signed.
- 4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 5. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- This is the address which we shall use to correspond with you about this application.

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

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

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

PL 0791

Part 1 - Premises details

Postal addre	ess of premises	or, if none,	Ordnance Surv	ev map refere	ence or
description	Molly	Melan	BAR	-,	
1 0	2	MUDN	DAK		
0-8	Seoige	SH			

Ashbon under line

Post code (if known) OLG GAQ



Telephone number (if any)



Description of premises (please read guldance note 1)

It is a licenced premises to Sell Alcahol

It used to play recorded music only on fridays

and Saturdays. But NOW will be used as a

Bar and Restront with Resided live music

Part 2- Proposed supervisor details

MK	JAMES	BEEVOR	
N. 11 . 11			
Nationality	BRITISH		
Disco of his			
Place of bir	BEDFOR	QD	
Date of birth			
Date of Birth			
		Luca.	
Personal licer authority of th	nce number of prop at licence (if any)	osed designated premises s	upervisor and issuing
ull name of e	existing designated	premises supervisor (if any)	TV TT

:01	ction 38 of the Licensing Act 2003 (please read guidance note 2)	
	ction 36 of the Licensing Act 2003 (please read guidance note 2)	
ha	ave enclosed the premises licence or relevant part of it. See Rep	aw .
	ou have not enclosed the premises licence, or relevant part of it, per reasons why not)	lease
高清人	sons why I have failed to enclose the premises licence or relevant part of the Previos licence had been had the faken and has refused to give it to use the Attachments)	of it.
•	rease see The ATTACHMENTS)	
		ck yes
	I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police (please read guidance note 3)	ck yes
	I will give a copy of this application to the chief officer of police (please	ck yes
	I have enclosed the consent form completed by the proposed premises supervisor flews licence Attachness. I have enclosed the premises licence, or relevant part of it or	ck yes

I would like this application to have immediate effect under

Please tick yes

Z.	Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 6). If signing on behalf of the applicant please state in what capacity.	
	Signature	
	Date 30/4/22	*
	Capacity The APPISCANT	
	For joint applicants signature of 2 nd applicant, 2 nd applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.	
	Signature	
	1	
	Date	
	Capacity	
A.	Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8) Molly melen 6-4-6 Glorge St	
6	=6.4'-6 george St	•
	Post town Post Code	
	ASHFON wher line OLG GAQ	
d I	Telephone number (if any)	
M (d	f you would prefer us to correspond with you by e-mph your e-man address (optional)	

Guidance notes

Describe the premises. For example the type of premises it is.
 An application to vary a premises licence so as to name a different premises supervisor may be given immediate effect (that is, from the time

It is an offence, under Section 158 of the Licensing Act 2003, to knowingly or recklessly 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 a valid leave to enter or remain in the UK or an adult who is subject to conditions which would prevent that person from taking up 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 by virtue of their immigration status.

that the application is received by the licensing authority) if the premises ilcence holder requests it at the time he makes an application under section 37. Section 38 enables the holder of a premises licence to continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work. If the application is rejected, the ilcence reverts to the form it took before the application was made

- A full copy of the application form must be sent to the chief officer(s) of
 police for the police area(s) in which the premises are situated. The
 notice should state whether section 38 of that Act (circumstances in
 which section 37 application given interim effect) applies to the
 application.
- 4. Section 37(4)(b) of the Licensing Act 2003 requires the premises licence holder to notify the existing designated premises supervisor (if any) about this application. It is sufficient for the licensee to inform the existing premises supervisor in writing, without the need to share the specific details of the application. The notice should state whether section 38 of that Act (circumstances in which section 37 application given interim effect) applies to the application.
- 5. The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have authority to do so.
- 7. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 8. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

JAMES BEEVOR
[full name of prospective premises supervisor]
of
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
[type of application]
by James BEEVOR
[name of applicant]
relating to a premises licence [number of existing licence, if any]
for molly mellon
4-6 george street Ashton under line OL6 GAQ
[name and address of premises to which the application relates]

and any premises lid	ence to be gr	ranted or v	varied in respect of	this application made
JAMES [name of applicant]	BEE	MR		
molly w	rellon			
4-6 9 ASHON U	eorge	Str	let	
06 6AC				
[name and address of pre	mises to which a	pplication re	lates]	
I also confirm that I a intend to apply for or below.	m entitled to to currently ho	work in the	e United Kingdom a onal licence, details	nd am applying for, of which I set out
Personal licence numb	per			
				640
[Insert personal licence nun				
Personal licence issuir			1	
Manchesha				ority, if any]
				W.
Signed			#1 B	
Name (please print)	JAN	IES	BEEVOR	•
	30141	20		
Date -	SVITI	02		