

**Form of consent given by the person who holds the existing licence**

I/We \_\_\_\_\_  
*(insert full name(s) of existing licence holder(s))*

being the holder of an existing licence / existing licences

*(insert name of licence(s), the date of grant of the licence(s) and by whom the grant(s) was / were made)*

hereby consent(s) to the application by \_\_\_\_\_  
*(insert full name or names of applicant)*

under paragraph 2 of Schedule 8 to the Licensing Act 2003 for the grant of a new licence under paragraph 4 of that Schedule to succeed the said existing licence(s) held by me in respect of

*(insert name and address of premises)*

Signed \_\_\_\_\_

Dated \_\_\_\_\_



**SOLIHULL METROPOLITAN BOROUGH COUNCIL**  
P O Box 1833, Council House, Solihull, B91 3DZ  
Telephone No. 0121 704 6831 Fax No. 0121 704 6888

**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 ..... apply to transfer the  
*(Insert name of applicant)*  
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**

Postal address of premises or, if none, ordinance survey map reference, or description	
Post town	Post code
Telephone number at premises (if any)	

Please give a brief description of the premises

Name of current premises licence holder

**Part 2 – Applicant Details**

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

*Please tick ✓*

a) An individual or individuals\*  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) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or  *Please tick ✓*
- 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

I am 18 years old or over  *Please tick ✓* **Yes**

Current postal address if different from premises address

Post Town       Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname

First names

Please tick ✓ **Yes**

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

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.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (f any)
E-mail address (optional)

**Part 3**

*Please tick ✓ Yes*

Are you the holder of the premises licence under an interim authority notice?

Do you wish the transfer to have immediate effect?

If not when would you like the transfer to take effect?

Day	Month	Year					

*Please tick ✓ Yes*

I have enclosed the consent form signed by the existing premises licence holder?

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?

*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)

I have enclosed the premises licence

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

- 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 understand that if I do not comply with the above requirements my application will be rejected


**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE OF 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 note 2)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Capacity \_\_\_\_\_

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 4). **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 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by email your email address (optional)	

**Notes for Guidance**

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

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