

08 JAN 2013 ON TO
PROCESSED. PL TO 05/02/13
TH.

Application for a 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 John Fleetwood

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

| | | |
|--|--------|---------------|
| Postal address of premises or, if none, ordnance survey map reference or description 128 Stricklandgate | | |
| Post town | Kendal | Postcode |
| Telephone number at premises (if any) | | 01539 722 332 |
| Non-domestic rateable value of premises | | £9,000.00 |

LICENSING
- 8 JAN 2013
Received
LA9 4QG

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|---|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> 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 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 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 <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) | | | | | |

SECOND INDIVIDUAL APPLICANT (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 | | 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 The Gate (Kendal) Ltd. |
| Address 128 Stricklandgate Kendal LA9 4QG |
| Registered number (where applicable) 8102515 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company (with charitable status) |
| Telephone number (if any) 01539 823 041 |
| E-mail address (optional) john@thegatekendal.org.uk |

Part 3 Operating Schedule

When do you want the premises licence to start?

| DD | MM | YYYY |
|----|----|--------|
| 0 | 1 | 032013 |

If you wish the licence to be valid only for a limited period, when do you want it to end?

| DD | MM | YYYY |
|----|----|------|
| | | |

Please give a general description of the premises (please read guidance note 1)

The Gate is situated on the main Windermere Road leading out of Kendal. It is next to Deja Vu restaurant and just down from the Wakefield Arms. The premises functions as a daytime cafe, currently operated by Manna House, the local housing charity. The building was formerly known as Pauline's Casuals, a ladies dress shop. It has been substantially redeveloped into an attractive cafe seating 32 people with a sizeable commercial kitchen and two toilets. The property also extends to the rear with plans to develop this to a large function room suitable for talks and presentations, a smaller room for reading and a glass-fronted office/receptions area that will open out on to Maude Street.

The Gate has been granted charitable status by HMRC with the purpose of providing community facilities. Evening activities will require people to join as members or to pay for a temporary membership on the night. Activities may include board games, art and crafts, international meals, discussions and talks.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- | | |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (c), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box I) ☐

Supply of alcohol (if ticking yes, fill in box J) ☒

In all cases complete boxes K, L and M

A

| | | | | | |
|--|-------|--------|---|----------|-------------------------------------|
| Plays Standard days and timings (please read guidance note 6) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) Small bits of drama, not including amplified music | | |
| Mon | 18:00 | 23:00 | | | |
| | | | | | |
| Tue | 18:00 | 23:00 | | | |
| | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Wed | 18:00 | 23:00 | | | |
| | | | | | |
| Thur | 18:00 | 23:00 | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Fri | 18:00 | 23:00 | | | |
| | | | | | |
| Sat | 18:00 | 23:00 | | | |
| | | | | | |
| Sun | 11:00 | 23:00 | | | |
| | | | | | |

B

| | | | | | |
|--|-------|--------|--|----------|-------------------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) Showing of DVDs | | |
| Mon | 18:00 | 23:00 | | | |
| | | | | | |
| Tue | 18:00 | 23:00 | | | |
| | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Wed | 18:00 | 23:00 | | | |
| | | | | | |
| Thur | 18:00 | 23:00 | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Fri | 18:00 | 23:00 | | | |
| | | | | | |
| Sat | 18:00 | 23:00 | | | |
| | | | | | |
| Sun | 11:00 | 23:00 | | | |
| | | | | | |

C

| | | | |
|---|--------------|---------------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| | | | |
| Wed | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |

D

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| | | | | | | |
| Tue | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Wed | | | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

E

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | <u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

F

| | | | | | | |
|---|-------|--------|---|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input checked="" type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) Background music, music for parties and events | | | |
| Mon | 18:00 | 23:00 | | | | |
| | | | | | | |
| Tue | 18:00 | 23:00 | | | | |
| | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | | |
| Wed | 18:00 | 23:00 | | | | |
| | | | | | | |
| Thur | 18:00 | 23:00 | | | | |
| | | | Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5) | | | |
| Fri | 18:00 | 23:00 | | | | |
| | | | | | | |
| Sat | 18:00 | 23:00 | | | | |
| | | | | | | |
| Sun | 11:00 | 23:00 | | | | |
| | | | | | | |

G

| | | | | | | |
|--|-------|--------|---|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

H

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| | | | | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| | | | | | |
| Fri | | | | | |
| Sat | | | <u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| | | | | | |
| Sun | | | | | |



I

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5) | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |

J

| | | | | | |
|--|-------|--------|--|--|---|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7) | | On the premises <input checked="" type="checkbox"/> |
| | | | | | Off the premises <input type="checkbox"/> |
| | | | | | Both <input type="checkbox"/> |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) | | |
| Mon | 12:00 | 23:00 | | | |
| | | | | | |
| Tue | 12:00 | 23:00 | | | |
| | | | | | |
| Wed | 12:00 | 23:00 | | | |
| | | | | | |
| Thur | 12:00 | 23:00 | | | |
| | | | | | |
| Fri | 12:00 | 23:00 | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | 12:00 | 23:00 | | | |
| | | | | | |
| Sun | 12:00 | 23:00 | | | |
| | | | | | |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

| | |
|---|---|
| Name John Fleetwood | |
| Address  | |
| Postcode |  |
| Personal licence number (if known) | |
| Issuing licensing authority (if known) SLDC | |

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).
May possibly show age restricted films

L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
|---|-------|--------|---|
| Day | Start | Finish | |
| Mon | 9:00 | 23:00 | <u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)</u> |
| | | | |
| Tue | 9:00 | 23:00 | |
| | | | |
| Wed | 9:00 | 23:00 | |
| | | | |
| Thur | 9:00 | 23:00 | |
| | | | |
| Fri | 9:00 | 23:00 | |
| | | | |
| Sat | 9:00 | 23:00 | |
| | | | |
| Sun | 9:00 | 23:00 | |
| | | | |

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

An incident book will be maintained. Any incident of disorder or non-compliance with the Challenge 25 policy will be recorded.

b) The prevention of crime and disorder

A membership scheme will be followed for evening activities. People will be able to join as temporary members for one night only but will have to provide name and contact details.

Alcohol will be kept in lockable cabinets.

c) Public safety

A fire alarm has been installed and maintained and fire extinguishers provided. Fire doors have been installed as detailed by Building Control.

Emergency lighting has been installed throughout the building.

Patrons will be prevented from leaving the premises with open bottles.

d) The prevention of public nuisance

Anyone suspected of being drunk or disorderly will not be served alcohol and will be asked to leave the premises.

All doors and windows will be kept closed during regulated entertainment, except in case of emergency and to allow access to or egress from the premises

e) The protection of children from harm

Where age restricted films are shown, ages of any children will be checked and vouched for by accompanying responsible adults.

We will operate a Challenge 25 policy to request valid proof-of-age documentation from those who look under 25 years old.

Training will be provided for anyone selling alcohol so that no under-age sales occur and that no under-age consumption occurs.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☐

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.**

| | |
|-----------|--|
| Signature |  |
| Date | 20/12/2012  |
| Capacity | Director |

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). 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 13) | | | |
| Post town | | Postcode | |
| 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. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street Kendal, Cumbria, LA9 4UD

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I JOHN FLEETWOOD [full name of prospective premises supervisor]
 of [redacted]
 [redacted] [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 THE GATE (KENDAL) LTD [name of applicant]
 relating to a premises licence [number of existing licence, if any]
 for THE GATE, 128 STRICKLANDGATE, KENDAL, LA9 4QG
 [name and address of premises to which the application relates]
 and any premises licence to be granted or varied in respect of this application made
 by THE GATE (KENDAL) LTD [name of applicant]
 concerning the supply of alcohol at 128 STRICKLANDGATE, KENDAL
LA9 4QG [name and address of premises to which application relates].
 I also confirm that I am applying for, intend to apply for or currently hold a personal
 licence, details of which I set out below.

Personal licence number [insert personal licence number, if any]
 Personal licence issuing authority SLDC
 [insert name and address and telephone number of personal licence issuing authority, if
 any]

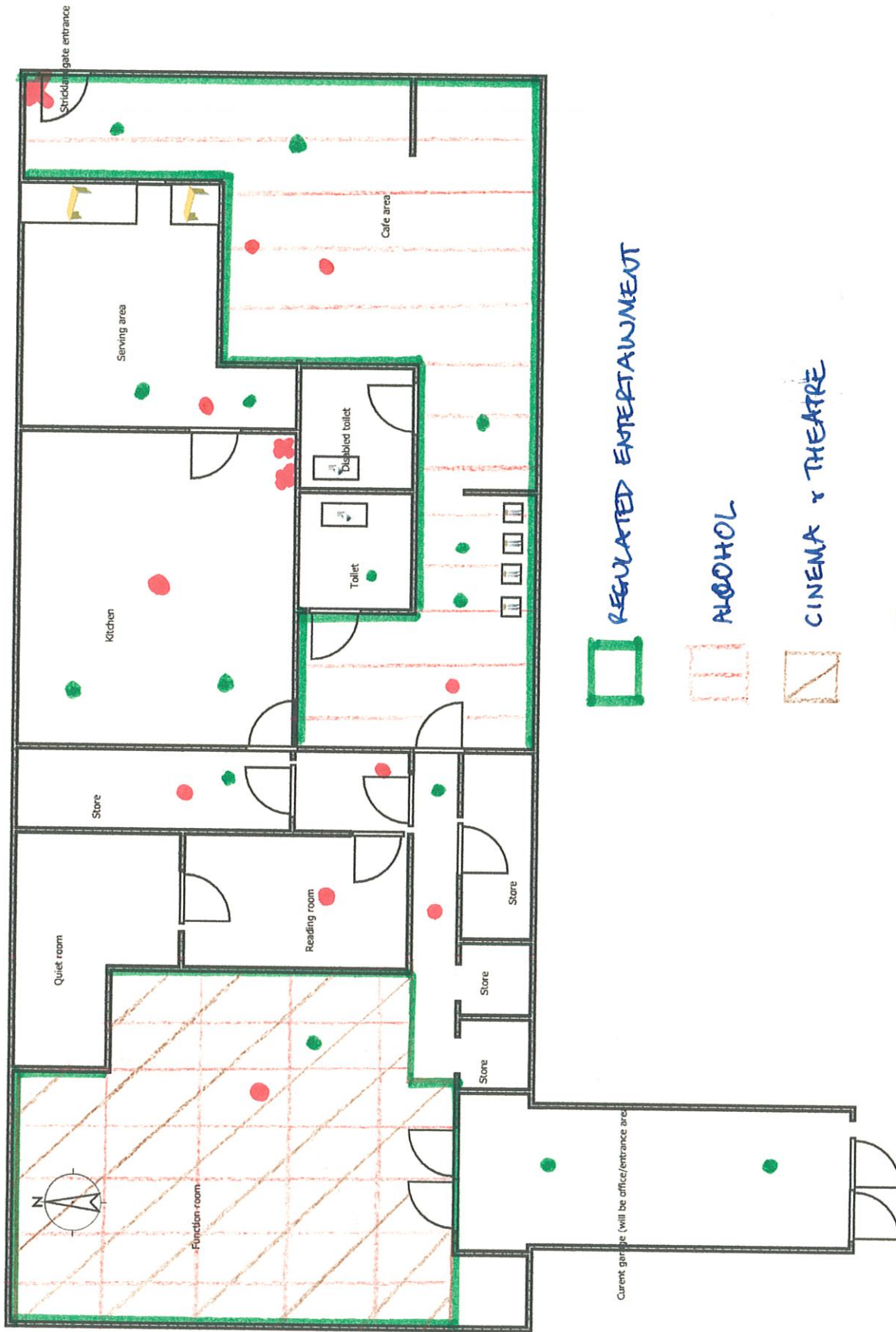
[redacted] signed
JOHN FLEETWOOD (please print)
21/1/13 dated

PART B

Consent of premises licence holder to transfer

I/we [full name of premises licence holder(s)]
 the premises licence holder of premises licence number [insert
 premises licence number] relating to [redacted]
 [redacted] [name and address of
 premises to which the application relates] hereby give my consent for the transfer of
 premises licence number [insert premises licence number]
 to [redacted] [full name of transferee].

[redacted] signed
 [redacted] name (please print)
 [redacted] dated



REGULATED ENTERTAINMENT

ALCOHOL

CINEMA & THEATRE

EMERGENCY LIGHT

FIRE & SMOKE ALARM

FIRE EXTINGUISHER