

The Licensing Court Application to be Registered as a Responsible Person

This form should be completed in conjunction with the Guidance Document available on the Courts website.

Please complete this form carefully and completely. Failure to do so may result in the refusal, or adjournment, of your application. Please use **BLOCK CAPITALS** or type where necessary.

A. Application

Is the applicant an existing Responsible Person or Licensee or a Designated Official?

Yes No

Please indicate premises applicant already approved for

Type of Licence in respect of which Registration is sought

Full On Licence

On Licence
(Residential)

Manx Transport
Licence

Off Licence

On Licence
(Restaurant)

Club Licence

B. Premises

Name and Address of premises this Application refers to

Tel. No.	Postcode

Name of person from Licence Holder who authorises this application.

E-mail address for person above

If more than one premises please list all premises here (Continue on separate sheet if necessary)

C. Details of Applicant

Surname (please state Mr/Mrs/Miss/Ms)

Forename(s)

Previous Name(s)

(please state if alias / maiden name)

Date and Place of Birth

DD	MM	YYYY
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Town / Country

Current Address

Postcode

Telephone Number(s)

Home

Mobile

Work

E-mail Address

D. Work Permit

Do you require a work permit?

Yes No

If 'No', then please state why not?

Work Permit Number

(A copy to be supplied with this form and the original to be available to the court)

E. Previous Addresses

Previous Residential Address(es) for the last five years, **including dates** (continue on separate sheet if necessary)

1.

From:

DD	MM	YYYY
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To:

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

Postcode

2.

From:

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

To:

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

Postcode

3.

From:

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

To:

DD	MM	YYYY
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Postcode

Please provide the names of two persons willing and able to provide character references. **The referee's should be able to detail your suitability for the role of Responsible Person.**

Reference 1

Referee's Name

Referee's Title

Address
 Postcode

Telephone Numbers

Home	Mobile	Work
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E-mail address

Reference 2

Referee's Name

Referee's Title

Address
 Postcode

Telephone Numbers

Home	Mobile	Work
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E-mail address

G. Employment History

Detail your employment history for the last 5 years including any previous experience as a Licensee, Responsible Person or Designated Official. To include dates and positions held. Please attach copies of any documentary evidence / certificates if available.

Date (from)			(to)			Position Held / Course Name
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	

H. Training

Detail any Training undergone relating to:-

- i) the performance of the functions of a Responsible Person
- ii) Fire precautions and actions - the event of a fire
- iii) first aid
- iv) any other relevant training

Has the applicant passed the current Manx Licensing Course as approved by the Department?

Yes No

If Yes, please include a copy of the certificate.

Date of passing

DD	MM	YYYY
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Note: It is a legal requirement that this course has been successfully completed within the last 3 years.

I. Convictions & Cautions

Have you ever been **convicted** in a criminal court, or **cautioned** for an offence? Are you currently subject to an order binding you over to be of good behaviour?

If Yes, complete this section.

Date			Place (Court)	Offence & Penalty
DD	MM	YYYY		
DD	MM	YYYY		
DD	MM	YYYY		
DD	MM	YYYY		
DD	MM	YYYY		

If you have **never** been convicted or cautioned for a criminal offence you should write "**no convictions to declare**"

Self

Have you been refused a liquor licence, or had such a licence revoked by any licensing bench?

Yes

No

If **Yes**, please provide details below.

Have you been disqualified from holding a liquor licence?

Yes

No

If **Yes**, please provide details below.

Are you a holder of other liquor licences?

Yes

No

If **Yes**, give details of the name, address and type of licence held.

J. Important Information and Declaration / Statement of Truth

I confirm that the information contained in this form is full and complete. I confirm that I have answered all sections to the best of my knowledge and information. I understand and acknowledge the declaration made above. I submit the following in support of my application and confirm that where copies are supplied the original is in my possession and will be provided to the Court on the date of the hearing:-

- 1. Work permit
- 2. Approved Manx Licensing Course Certificate
- 3. Curriculum Vitae – *if you feel it is appropriate*
- 4. Other documentation (for example written references):

Any failure to disclose details or any false declaration within this document which could affect the approval of the application could be construed as an offence under the Fraud Act 2017. Attention is also drawn to the offence of making a false application for a Work Permit under The Control of Employment Act 2014.

The information contained within this form is correct and I understand that the details I have provided will be Police vetted, checked and verified.

Print Name

Date

DD	MM	YYYY
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Signature

This form must now be submitted to the Licensing Court (at the address below) along with an additional full copy of all material which once checked for completeness will be forwarded to the Police Central Alcohol Unit by the Licensing Court Clerk. Please keep a copy for your own records.

The Chairman of the All Island Licensing Court
Summary Courts' Office
Isle of Man Courts of Justice
Deemsters Walk, Bucks Road, Douglas
Isle of Man, IM1 3AR