

Form LLPE1/Individual

The Licensing Court

Application for a Licence by an individual

This form should be completed in conjunction with the Guidance Document available on the Court's 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.

Type of Licence applied for (tick one box from each section only)

Type of Licence

Full On Licence

Off Licence

On Licence
(Residential)

On Licence
(Restaurant)

Manx Transport
Licence

Public Entertainment
Licence

Provisional Licence

Liquor Producer
Sales Licence

Type of Application

Transfer an existing
licence

Renew an existing
licence

Grant a new licence

Section A – Contact, Address and Premises

A1: Name of Premises

A2: Postal Address

Postcode

A3: Telephone Number

A4: Email Address

A5: Have the premises been licensed prior to this application?

Yes No

A6: What is the rateable value of the premises?
(if applicable)

A7: What is the name of the intended Responsible
Person(s)?

B. Application

Is the applicant an existing Responsible Person/Licensee/Designated Official?

Yes

No

Please indicate premises applicant already approved for

Type of Licence in respect of which Registration is sought

On Licence and Off Licence

Off Licence only

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

E. Previous Addresses cont.

2. From:

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

 To:

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

	Postcode

3. From:

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

 To:

DD	MM	YYYY
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	Postcode

F. References

Please obtain three personal references. Please note that the original references must be supplied **at least 21 days prior to the Court Hearing**. The references **should detail your suitability for the role of licence holder, your character, qualifications and experience in the licenced hospitality industry**, and should have **been written within the last 3 months**.

Reference 1

Referee's Name

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Referee's Title

--

Address

	Postcode

Telephone Numbers

Home	Mobile	Work
------	--------	------

E-mail address

--

Reference 2

Referee's Name

--

Referee's Title

--

Address

	Postcode

Telephone Numbers

Home	Mobile	Work
------	--------	------

E-mail address

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F. References Cont

Reference 3

Referee's Name

Referee's Title

Address

<input type="text"/>	
<input type="text"/>	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)

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

(to)

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

Position Held / Course Name

DD	MM	YYYY
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DD	MM	YYYY
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DD	MM	YYYY
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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? Or are you currently bound over to be of good behaviour? (on the Island or elsewhere)

If Yes, complete this section. (Continue on a separate page if necessary)

Date	Place (Court)	Offence & Penalty			
<table border="1"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr></table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>
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DD	MM	YYYY			

I. Convictions & Cautions Cont.

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 (please list):

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 Isle of Man Licencing Forum Codes and Guidance Manual is available on the Court's Website and must be read -

<http://www.courts.im>

I confirm that I have read and understand the contents of the above codes

Yes

No

I confirm that all Licensees/Responsible Persons and staff members will follow the guidance of the above codes.

Yes

No

I confirm I have included :

Fee

Work Permit (if required)

Site Management Plan. Original and one copy.

Approved Manx Licencing Course Certificate

Plan of Premises, or confirmation that there are no changes to plans already filed with the Courts under Licencing Act 1995.

I can confirm the information contained within this form is correct

Print Name:

Position within the Organisation:

Telephone number of Applicant:

Email address of Applicant:

Signed:

Date:

DD	MM	YYYY
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Send this application and accompanying documents in duplicate to:

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