

# The Licensing Court

## Proposed Approval of a Temporary Manager

**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.**

### 1. Premises

Name and Address of premises this Application refers to

Tel No	Postcode

Name of person from applicant Company / Licence Holder who authorises this application.

--

Company E-mail address

--

Proposed Time Period  
(MUST NOT EXCEED 14 DAYS) but may be extended by the High Bailiff on further application.

From 











 To

Reason for application


### 2. Details of Proposed Temporary Manager

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

--

Forename(s)

--

Previous Name(s)  
*(please state if alias / maiden name)*

--

Date and Place of Birth

<table border="1" style="display: inline-table; width: 40px; text-align: center;">DD</table> <table border="1" style="display: inline-table; width: 40px; text-align: center;">MM</table> <table border="1" style="display: inline-table; width: 40px; text-align: center;">YYYY</table>	
--	--

Current Address

Postcode

Telephone Number(s)

Home	Mobile	Mobile
------	--------	--------

E-mail Address

--

### 3. Previous Experience

Previous experience in the sale of alcohol (licensing trade) and any relevant courses.

To include dates and positions held. Please attach copies of any documentary evidence / certificates if available

**Date (from)**

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

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

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

**Date (to)**

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

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

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

**Position Held / Course Name**

--

--

--

Has the applicant passed the current Licensing Course in Manx Licensing Law as approved by the Licensing Court?

Yes ☐ No ☐

If **Yes**, please include a copy of the certificate

Date of Passing 

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

If **No**, do you propose sitting a course in the future?

Yes ☐ No ☐

If **Yes**, when is the expected date for your course?

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

Note: If you intend at a later date for this applicant to be made a full Licensee / Responsible Person on this licence, then please note that it is a requirement of Regulation 9 of the Liquor Licensing and Public Entertainment Regulations 2022 that this course be completed and passed prior to their Court Appearance

### 4. Important Information

**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**

**Print Name**

--

**Signature**

--

**Date**

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

#### Office Use Only

Police Comments

Approve/Reject

Signed \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_

High Bailiff's Comments

Approve/Reject

Signed \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_