

The Licensing Court

Notification of Resignation / Removal of Responsible Person

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 notification.

--

Company E-mail address

--

2. Details of Responsible Person to be removed

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

--

Forename(s)

--

Date this person left the position or is intending to leave the position

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

3. Important Information

PLEASE NOTE: It is a condition of licence that the Licence Holder notify the Licensing Court in writing of the removal of any Responsible Person from the licence. The submission of this completed LLPE7 satisfies for this purpose.

The information contained within this form is correct.

Print Name

--

Signature

Position

--

Date

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

--

This form should now be submitted to the Central Alcohol Unit. There is no fee for this notification.

Isle of Man Police Headquarters

Dukes Ave

Douglas

Isle of Man

IM2 4RG

PoliceAlcohol.DHA@gov.im