## 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 f	for (tick one box from each section only)	
Type of Licence		Type of Application
Full On Licence	Manx Transport Licence	Transfer an existing licence
Off Licence	Public Entertainment Licence	Renew an existing licence
On Licence (Residential)	Provisional Licence	Grant a new licence
On Licence (Restaurant)	Liquor Producer Sales Licence	
Section A – Contact, Add	ress and Premises	
<b>A1:</b> Name of Premises		
A2: Postal Address		
	Pos	stcode
<b>A3:</b> Telephone Number		
A4: Email Address		
<b>A5:</b> Have the premises be	en licensed prior to this application?	Yes No
<b>A6:</b> What is the rateable v (if applicable)	ralue of the premises?	
<b>A7:</b> What is the name of t Person(s)?	he intended Responsible	
reison(s):		
		Down 1 of 0

Section B - Entertainment		
<b>B1:</b> Does your premises propose to permit entertainment to take place on the premises?	Yes	No
<b>B2:</b> What form of entertainment will take place on the premises?		
Background	music only	
Live music and singing (including ampli	fied music)	
3 3 ( 3 3 )	Dancing	
Amplified live music (Karad	oke/Bands)	
Amplified music and sing	ng (Disco)	
Other: e.g. Exotic Dancing/Adult Entertainment (spe	cify below)	
<b>B3:</b> During what days/times is entertainment permitted/proposed to be permit	ted?	
Section C - Children and Young Persons		
C1: Do the premises allow/propose to allow persons under 16 years on the premises?	Yes	No
<b>C2:</b> What days/times are persons under 16 years allowed/proposed to be allowed within the licensed areas?		
Section D - Normal Opening Hours		
D1:What are the current/proposed opening hours for the sale/supply/consum	ption of liquor?	
<b>D2:</b> Do the premises have a final door closing time?	Yes	No

If Yes, What Time?

Section E Application				
Is the applicant an existing Responsible Person/Licensee/Designated Official?				
Please indicate premises applicant already approved for				
Type of Licence in respect of which Re	egistration is sought			
On Licence and Off Licence	Off Licence only			
Section F. 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 Town / Country			
Current Address				
	Postcode			
Telephone Number(s)	Home Mobile Work			
E-mail Address				
Section G. Work Permit				
Do you require a work permit?	Yes No 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)			
Section H. Previous Addresses				
Previous Residential Address(es) for the la	ast five years, <b>including dates</b> (continue on separate sheet if necessary)			
1. From: DD MM YYYY	To: DD MM YYYY			
	Postcode			

366610111	H Previous Address	<i></i>			
2.	From: DD MM	YYYY	To: DD	MM YYYY	
					Postcode
3.	From: DD MM	YYYY	To: DD	MM YYYY	
					Postcode
Section 1	I. References				
prior to your cha	the Court Hearing	. The references <b>sh</b> ons and experien	nould detail	your suitability for th	t be supplied at least 21 days ne role of licence holder, ustry, and should have been
Referen	nce 1				
Referee's	s Name				
D (C) (1	. 71				
Referee's	s ritte				
Address					
					Postcode
Talamban	a a Niversia ava	Uama		Makila	lw <sub>ad</sub> .
reieprior	ne Numbers	Home		Mobile	Work
E-mail ad	ddress				
Referen	nce 2				
Referee's	s Name				
Referee's	s Title				
Address					
					Postcode
Telephor	ne Numbers	Home		Mobile	Work
E-mail ad	ddress				
L man ac					

Section I References Cont			
Reference 3			
Referee's Name			
Referee's Title			
Address			
			Postcode
Telephone Numbers	Home	Mobile	Work
F			
E-mail address	L		
Costion 1 Employment U	listani		
Section J. Employment H.	istory		
	ory for the last 5 years includin		
Person or Designated Officia evidence / certificates if avai	N To include dates and position ilable.	ns held. Please attach copie	es of any documentary
Date (from)	(to)	Position Held / Cou	urse 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		
ויויין שט	DD MM 1111		
DD MM YYYY	DD MM YYYY		
	55 7111 1111		
DD MM YYYY	DD MM YYYY		

Detail any Training undergone relating to:-				
i) the perfomance 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?				
If Yes, please include a copy of the certificate.  Date of passing  DD MM YYYY				
Note: It is a legal requirement that this course has been successfully completed within the last 3 years.				
Section L Convictions & Cautions				
Have you ever been <b>convicted</b> 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				
DD MM YYYY				
DD 1111				
DD MM YYYY				
DD MM YYYY				
DD MM YYYY				
DD MM YYYY				

Section M Convictions & Cautions Cont.
If you have <b>never</b> been convicted or cautioned for a criminal offence you should write " <b>no convictions to declare</b> "
Self
Have you been refused a liquor licence, or had such a licence revoked by any licensing bench?
If <b>Yes</b> , please provide details below.
Have you been disqualified from holding a liquor licence?  Yes  No
If <b>Yes</b> , please provide details below.
Are you a holder of other liquor licences?  Yes  No
If <b>Yes</b> , give details of the name, address and type of licence held.
Section N 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:-
Work permit
<ol> <li>Approved Manx Licensing Course Certificate</li> <li>Curriculum Vitae – if you feel it is appropriate</li> </ol>
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 Coc and must be read -	les and Guidance Manual is	available on the Court's Website
http://www.courts.im		
I confirm that I have read and unders	tand the contents of the abov	ve codes Yes No
I confirm that all Licensees/Responsib the guidance of the above codes.	le Persons and staff members	s will follow Yes No
I confirm I have included :		
Fee Work Pern required)	nit (if	Site Manangement Plan. Original and one copy.
	pproved Manx encing Course Certificate	Plan of Premises, or confirmation that there are no changes to plans already filed with the Courts under Licensing Act 1995.
I can confirm the information contai	ned within this form is corre	ect
Print Name:		
Position within the Organisation:		
Telephone number of Applicant:		
Email address of Applicant:		
Signed:		
Date:	DD MM YYYY	
Send this application and accompanying documents in duplicate to:		
The Chairman of the All Island Licent Summary Courts' Office Isle of Man Courts of Justice Deemsters Walk, Bucks Road DOUGLAS, IM1 3AR	sing Court	
If you would like to know more about whe Privacy Policy on our website at the follow		