

## 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  
(Residential)

Club Licence

### B. Premises

Name and Address of premises this  
Application refers to:

Postcode

Tel. No

Name of person from Licence Holder  
who authorises this application

Email Address for person above

*If more than one premises please list all premises here (Continue on a 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

Current Address

Postcode

Telephone Number(s)

Email 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 a separate sheet if necessary)

1 From: To:

Postcode

2 From: To:

Postcode

3 From: To:

Postcode

*E. Previous Addresses cont*

4 From: To:

Postcode

5 From: To:

Postcode

*F. References*

Please provide the names of two persons willing and able to provide character references. **The referees 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

E-mail Address

**Reference 2**

Referee's Name

Referee's title

Address

Postcode

Telephone Numbers

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

### 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

**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?

Yes No

If Yes, complete this section.

Date	Place(Court)	Offence and Penalty
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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, Please give details of the name, address and type of licence held.

Have you ever been refused by the High Bailiff an application for entry into the register as a Responsible Person (or to be approved as a Designated Official)?

Yes No

If Yes, please state when

*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

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

If you would like to know more about why we collect your data and what we do with it, please look at our Privacy Policy on our website at the following address :

**<https://courts.im/about-this-site/privacy/>**