

Form LLPE1/Company

The Licensing Court

Application for a Licence by a Company

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

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: Company Name

A6: Registered Office
Address

Postcode

A7: Contact Name

Section A – Contact, Address and Premises cont..

A8: Have the premises been licensed prior to this application?

Yes

No

A9: What is the rateable value of the premises?
(if applicable)

A10: What is the name of the intended Responsible Person(s)?

Section B - Entertainment

B1: Does your premises propose to permit entertainment to
take place on the premises?

Yes

No

B2: What form of entertainment will take place on the premises?

Background music only

Live music and singing (including amplified music)

Dancing

Amplified live music (Karaoke/Bands)

Amplified music and singing (Disco)

Other: e.g. Exotic Dancing/Adult Entertainment (specify below)

B3: During what days/times is entertainment permitted/proposed to be permitted?

Section C - Children and Young Persons

C1: Do the premises allow/propose to allow persons under 16 years on the premises? Yes No

C2: 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/consumption of liquor?

D2: Do the premises have a final door closing time? Yes No

If Yes, What Time?

Section E -Company Information

E1: Date of last annual return

E2: Date annual return is made up to

E3: Anything filed and changed since that date? Yes No
(supply details on separate sheet if necessary)

E4: Has there been any appointments of receivers, managers or liquidators in respect of the company that remain undischarged? Yes No

E5: Who is the current Company Secretary? Name

Date of Birth

Home Address

Continued on next page

Section F— Company Information cont.

F6: Who are the current Directors?
(If more than five please provide
on a separate sheet)

Name

Date of Birth

Home Address

Post Code

Name

Date of Birth

Home Address

Post Code

Name

Date of Birth

Home Address

Post Code

Name

Date of Birth

Home Address

Post Code

Continued on next page

Section F– Company Information cont.

Name

Date of Birth

Home Address

Post Code

Section G– Shareholders

Please detail any shareholders holding a 10% or more interest in the Company or declare that the company is a Public Company

G1:

NB Public Companies are exempt from this requirement

Name

Date of Birth

Home Address

Post Code

Name

Date of Birth

Home Address

Post Code

Continued on next page

Name

Date of Birth

Home Address

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

Post Code

Name

Date of Birth

Home Address

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

Post Code

Name

Date of Birth

Home Address

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Post Code

The Isle of Man Licensing Forum Codes and Guidance Manual is available on the Court's website and must be read -

<http://www.courts.im/formsandguidance/licensingforms.xml>

I confirm that I have read and understand the contents of 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 that I have included:

Fee	LLPE2 (Application to be registered as a Responsible Person	Site Management Plan	Plan of Premises
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I can confirm the information contained within this form is correct.

Print Name:

Position within the Company:

Telephone Number of applicant:

Signed:

Date:

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

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

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