

# The Licensing Court

## Application to be Registered as a Temporary 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

Postcode:

Type of licence in respect of which Temporary registration is sought

On-licence:		Off-licence:	
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Name of person from Licence Holder who authorises this application

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E-mail address for the person above

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Proposed Time Period

From:	DD	MM	YYYY	To:	DD	MM	YYYY
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Reason for application

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### 2. Licence Holder

**Print name**

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**Signature**

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**Date**

DD	MM	YYYY
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### 3. Details of Proposed Temporary Responsible Person

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

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Forename(s)

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Previous Name(s)

*Please state if alias / maiden name*

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Date and Place of Birth

DD	MM	YYYY	
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Current Address

Postcode

Telephone Number(s) 

Home		Mobile	
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Email Address

*4. Previous Addresses*

Previous Residential Address(es) for the last five years, including dates (continue on separate sheet if necessary)

1. From: 

DD	MM	YYYY
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 To: 

DD	MM	YYYY
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	Postcode
	Postcode

2. From: 

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

 To: 

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

  

	Postcode
	Postcode

3. From: 

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

 To: 

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

  

	Postcode
	Postcode

*5. 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?

If Yes, please complete this section.

Date	Place (Court)	Offence & Penalty			
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;">DD</td><td style="width: 30px;">MM</td><td style="width: 60px;">YYYY</td></tr></table>	DD	MM	YYYY	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
DD	MM	YYYY			
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;">DD</td><td style="width: 30px;">MM</td><td style="width: 60px;">YYYY</td></tr></table>	DD	MM	YYYY	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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DD	MM	YYYY			

If you have **never** been convicted or cautioned for a criminal offence you should write "**no convictions to declare**"

Self

Have you been refused registration as a Responsible Person or approval as a Designated Official?

Yes  No

If **Yes**, please provide details below.


Have you been refused a liquor licence, had a liquor licence revoked, or been disqualified from holding a liquor licence?

Yes  No

If **Yes**, please provide details below.


### 6. Previous Experience

Previous experience in the sale of alcohol (licensing trade), fire precautions or first aid and any relevant courses.

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

Date (from)	Date (to)	Position Held / Course Name
DD MM YYYY	DD MM YYYY	
DD MM YYYY	DD MM YYYY	
DD MM YYYY	DD MM YYYY	

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 registration.*

### 7. 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.**

**This information contained within this form is correct**

Print Name		Signature	
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**Date**

DD	MM	YYYY
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*Office Use Only*

Police Comments

Approval / Reject	Signed		Rank		Date	
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High Bailiff's Comments

Approve / Reject	Signed		Rank		Date	
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