3 February 2010 at 11:59 by Susan Chadwick

Reason:

Date requested: Date received: Appointment date: Result: Name: Date commences:

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Details entered:

02/02/2010

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Result: Name:	Result Date: Number:		
commences:	Date expires:		
Notes:			
	Rossendalealixe		
Application to transfe Licensing	r premises licence to be granted under the Act 2003		
PLEASE READ THE FOLLOW	VING INSTRUCTIONS FIRST		
Before completing this form please read the gu If you are completing this form by hand please ensure that your answers are inside the boxes sheets if necessary. You may wish to keep a copy of the completed Copy = Copy =	e write legibly in block capitals. In all cases and written in black ink. Use additional		
I/We Same of applicant) (Insert name of applicant) apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below			
Premises licence number	2006-002		
Part 1 – Premises details			
Postal address of premises or, if none, ord description 49 NEWCHURCH RD RAWTENSPALL	nance survey map reference or		
Post town & Remitch Strice Pr	ost code BB4 70X		
Telephone number at premises (if any)	ala		
L			
Please give a brief description of the premi	ises		
OPP License Convilence St	rede 1		
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Name of current premises licence holder	$\int d\theta e^{-i\theta E_{\rm e}} e^{-i\theta $		
HASMAT PARL			
Part 2 - Applicant details In what capacity are you applying for the prem	hises licence to be transferred to you?		
	Please tick yes		
a) an individual or individuals*	please complete section (A)		
 b) a person other than an individual * i. as a limited company 	please complete section (B)		
ij. as a partnership	please complete section (B)		
iii. as an unincorporated association or	 please complete section (B) 		
iv. other (for example a statutory corporat	ion) 🔲 please complete section (B)		

	Latest Application F	orm details	s for application details he	re
Details ente	ered: 3 February 2010 at 11:59 b	by Susan Chac		
Date reques			Reason:	
Date recei Appointment d			Appointment time:	
	sult:		Result Date:	
	ame:		Number:	
Date commen	ces:		Date expires:	
N	otes:			
				·····
c)	a recognised club		please complete section (B)	•
d)	a charity	۳-1	please complete section (B)	•
	-			
e)	the proprietor of an educational establishment		please complete section (B)	
	estachsument			1
f)	a health service body		please complete section (B)	
g)	an individual who is registered une		please complete section (B)	i.
	2 of the Care Standards Act 2000			3
	respect of an independent hospite	A I		2
h)	the chief officer of police of a polic	e force	please complete section (B)	
	in England and Wales			
*lf vou	are applying as a person describe	d in (a) or (b) o	lease confirm	Υ.
	are applying as a person describe			
			Please tick yes	
• 1	am carrying on or proposing to car	ry on a busines	ss which involves 🛛 💭	
t	he use of the premises for licensab	le activities; or		
- 1	am making the application pursuar	nt to a		
	 statutory function or 	_		3
	 a function discharged by virtue 	e of Her Majest	y's prerogative 🎵	
(A) INI	DIVIDUAL APPLICANTS (fill in as	applicable)		3
Mr	🖌 Mrs 🗔 Mişş 🔲	Ms 🗌	Other title	
			(for example, Rev)	
_				
Surna	me	First name	98	
0				
LATE	<u>/-</u>	Sno	1 <u>Cy</u>	
lam 1	l am 18 years old or over		Please tick yes	
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ate o	commences:							Date expires	5:		
	Notes:										
	notes.			-							
	SECOND IND	IVIDUAL	APPLIC/	ANT (fill	in as	s applicable)					
	Mr [] M	rs 🗌	Miss	Ē	Ms		Other ti	itie			
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	Surname					First names			01 h		
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	address if										
	different from	1									
	premises address									1	
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	E-mail addre	68									
	(optional)										
	(B) OTHER A	APPLICA	NTS			-			•		
	Please provid			med adv	drace	of applicant	is full. W	here annon	riate please		
	give any regis	tered nun	nber, in th	ne case	ofa	partnership o	r other jo	pint venture (o	other than a	1	
	body corporat	e), please	give the	name a	and e	ddress of eac	ch party	concerned.			
	Name										
	Automa									_	
	Address										
										_	
	Registered nu	imber (wh	iere appli	cable)							
	Description of	applican	t (for exar	nple pa	rtners	ship, compan	y, unince	orporated ass	sociation	7	
	etc)										
ł	Telephone nu	mber (if a	iny)			··· ···					
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ails entered: e requested:	3 February 2010 at 11:59 by Susan Chadwick	Reason:		
ate received:	02/02/2010			
ntment date: Result:		tment time: Result Date:		
Name:	F	Number:		
commences:	D	ate expires:		
Notes:				
Part 3				
		Pleas	se tick yes	,
Are you the	holder of the premises licence under an interim authority	notice?	L	
Do you wish	h the transfer to have immediate effect?		\Box	
lf not when t	would you like the transfer to take effect?		v	
a not might		onth Year		
		Pleas	se tick yes	
			as new Juo	
(have				
If you have i	osed the consent form signed by the existing premises lic not enclosed the consent form referred to above please of teps have you taken to try and obtain the consent?		ons why	
If you have I	not enclosed the consent form referred to above please g		ons why	
If you have i not. What st	not enclosed the consent form referred to above please of teps have you taken to try and obtain the consent?	yive the reas	se tick yes	
If you have in not. What st	not enclosed the consent form referred to above please g	pive the reas Pleas premises ies		
If you have in not. What stand	not enclosed the consent form referred to above please g teps have you taken to try and obtain the consent? ication is granted I would be in a position to use the p application period for the licensable activity or activit	Pleas premises ies 2003)	se tick yes	
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If you have in not. What still not. What still have authorised I have enclo	not enclosed the consent form referred to above please of teps have you taken to try and obtain the consent? ication is granted I would be in a position to use the p application period for the licensable activity or activiti by the licence (see section 43 of the Licensing Act 2 psed the premises licence not enclosed premises licence referred to above please g	Pleas premises ies 2003) Pleas jive the reaso	se tick yes	

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Notes:

- Appointment time: Result Date: Number: Date expires:
- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
 I understand that if I do not comply with the above requirements my
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE , UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3), if signing on behalf of the applicant please state in what capacity.

Signature L. N. AA	
Date 12 + 09 5.1 2 2 2	
Capacity SEFFEMPLEYED	
For joint applicants signature of 2 nd appl authorised agent (please read guidance n please state in what capacity.	icant, 2 nd applicant's solicitor or other ore 4). If signing on benalf of the applicant
Signature	
Date	
Capacity	
Contact name (where not previously glv associated with this application (please	en) and postal address for correspondence read guldance note 5)
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond wite {optional}	h you by e-mail your e-mail address

3 February 2010 at 11:59 by Susan Chadwick

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Notes:

Reason:

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Notes for Guidance

- Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

Please return the completed form and accompanying documents (listed in the checklist on page 5) to:

2	Rossendale Borough Council	
ĺ	Licensing Unit	
1	Town Centre Offices	Telephone: 01706 238 648
	Lord Street	
i	Rawtenstall	e-mail: licensing@rossendalebc.gov.uk
	Rossendale	·•• •
	BB4 7LZ	
	Cheques should be crossed and ma fee is £23.00.	de payable to Rossendale Borough Council. The application
l		
r		

A copy of this application must be sent to:

Divisional Commander Lancashire Constabulary Colne Police Station Craddock Road Colne BB8 0JU