

ABERDEEN CITY LICENSING BOARD

APPLICATION FOR TRANSFER OF PREMISES LICENCE ON APPLICATION OF PERSON OTHER THAN LICENCE HOLDER

Licensing (Scotland) Act 2005, section 34

Complete all sections of the application form. The application should be accompanied by the Premises Licence to which the application relates. The application requires to be lodged within 28 days of the occurrence of the event described at Section 2.

Section 1 - Premises Information

Name and address of premises to which the transfer applies:

Premises licence number	
Name	
Address (including postcode)	

Section 2 – Reason for Transfer

Please tick only one box

A) The premises licence holder, being an individual – ➤ has died ➤ has become incapable within the meaning of Section 1(6) of the Adults with Incapacity (Scotland) Act 2000	
B) The premises licence holder, being an individual, partnership or company has become insolvent	
C) The premises licence holder, being a person other than an individual, a partnership or a company, is dissolved, and	
D) The business carried on in the licensed premises to which the licence relates is transferred (whether by sale or otherwise) to another person.	

Please provide the date the event describe above occurred:	
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Section 3 - Transferee Information

Where the transferee is an individual complete section 3 (a), 3 (f) and 3 (g)

Where the transferee is a partnership, company or club/other body complete either Section 3(b) or 3(c) or 3(d) **and** 3(e), 3(f) and 3 (g).

- (a) Where the transferee is **an individual**, provide full name, date and place of birth, and home address including postcode.

Name of Individual	
Home Address (including postcode)	
Date of birth	
Place of birth	

- (b) Where transferee is **a partnership**, please provide full name and postal address of partnership.

Name of partnership	
Address of partnership (including postcode)	

- (c) Where transferee is **a company**, please provide name, registered office and company registration number.

Company Name	
Registered Office	
Company Registration Number	

- (d) Where transferee is **a club or other body**, please provide full name, and postal address of club or other body.

Name of club/other body	
Address (including postcode)	

(e) Where transferee is a **partnership, company, club or other body**, please provide the names, dates and places of birth, and home addresses of connected persons.*

Continue on a separate page if necessary.

*Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005
For the text of section 147 (3) please go to www.aberdeencity.gov.uk/licensing

(f) Has the transferee been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises?
YES NO

If yes – please provide details below

(g) Has the transferee or any connected person ever been convicted of a relevant or foreign offence? YES NO

If YES – provide full details

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

Name & position (if applicable)	Date of conviction or sentence	Court	Offence	Penalty

Section 4 - Premises Manager

Will the transfer result in a change to the premises manager? YES * NO

***If YES you will require to make an application for a Minor Variation**

Section 5 – Preferred date of Transfer

Preferred date that the transfer should take effect:

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

The contents of this Application are true to the best of my knowledge and belief.

Signature * (see note below)

Date

Capacity: APPLICANT / AGENT (delete as appropriate)

Telephone number and email address of signatory

Postal Address of Agent (if appropriate)

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I have enclosed the relevant documents with this application – please tick the relevant boxes

Application Fee	
Premises Licence (including Licence Summary, Operating Plan, Layout plan and Conditions)	

<u>For use by the Licensing Board only</u>	
Application checklist	
Date received	
Fee amount	
Receipt number	
Received by (INITIALS)	
Consideration date	
Last date for consideration	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

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ABERDEEN LICENSING BOARD

Why are we asking these questions?

The Licensing Board wishes to ensure that its services are available to everyone who lives in Aberdeen, including persons who have protected characteristics in terms of the Equality Act 2010. Relevant protected characteristics may be in relation to Age, Disability, Gender reassignment, Marriage and civil partnership, Race, Religion or belief, Sex or Sexual orientation.

This questionnaire helps us to see who is using the Board's services and where we may be required to act to ensure a wider range of people can access our services.

How will this information be used?

The information on this form will be confidential and anonymous. It will be stored and analysed separately from any other personal information you may give. Any information you provide on this form will be used by Aberdeen City Council for statistical reporting in connection with analysing service use, and will only be processed in accordance with the Data Protection Act 1998. The results will be published in such a way that individuals who have contributed to the survey cannot be identified.

The information will have no bearing whatsoever in respect of applications or other processes under the Licensing (Scotland) Act 2005 and shall be processed completely separately.

Do I have to give this information?

You do not have to fill this form in, but doing so will help us monitor and improve our services.

Questionnaire

1. What is your date of birth

2. Are you male or female? Please tick.

- Male
 Female

3. What is your ethnic group?

Choose ONE section from A to F, and then tick ONE box which best describes your ethnic group or background.

A: WHITE

- Scottish
 Other British
 Irish
 Gypsy/Traveller
 Polish

Other White ethnic group, please write in the box below

B: MIXED or MULTIPLE ETHNIC GROUPS

- Any mixed or multiple ethnic groups, please write in the box below

C: ASIAN, ASIAN SCOTTISH or ASIAN BRITISH

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Chinese, Chinese Scottish or Chinese British
 Other, please write in box below

D: AFRICAN

- African, African Scottish or African British
- Other, please write in the box below

E: CARRIBEAN OR BLACK

- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in the box below

F: OTHER ETHNIC GROUP

- Arab, Arab Scottish or Arab British
- Other, please write in the box below

4. Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more

- Yes
- No

5. If the answer to question 4 is yes, does this condition or illness affect you in any of the following areas? Tick all that apply

- Vision (for example blindness or partial sight)
- Hearing (for example deafness or partial hearing)
- Mobility (for example walking short distances or climbing stairs)
- Dexterity (for example listing or carrying objects, using a keyboard)
- Learning or understanding or concentrating
- Memory
- Stamina or breathing fatigue
- Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's Syndrome)
- Other, please specify below

6. What religion, religious denomination or body do you belong to?

- None
- Church of Scotland
- Roman Catholic
- Other Christian
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Pagan
- Another religion, please write in the box below

7. Which of the following best describes how you think of yourself?

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Transgender
- Other

Completed forms can be returned anonymously along with application forms (in a separate envelope if you wish) or separately to the address or email address below.

Aberdeen Licensing Board
Equalities and Human Rights
Corporate Governance
Aberdeen City Council
Business Hub 6
L1S Marischal College
Aberdeen
AB10 1AB

Email:
licensing@aberdeencity.gov.uk