

Application for a Personal Licence



Licensing Team, Stratford-on-Avon District Council

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TO: STRATFORD-ON-AVON DISTRICT COUNCIL

1. APPLICANT'S DETAILS (BLOCK CAPITALS)

SURNAME:		
FORENAME(S):		
HOME ADDRESS:		
POSTCODE:		
TELEPHONE:		
E-MAIL:		
2. PREMISES D	DETAILS	
BUSINESS NAME:		
ADDRESS:		
POSTCODE:		
TELEPHONE:		
E-MAIL:		
'		
RESPONSIBLE A	UTHORITY	DATE SENT
Licensing Authority	y (Stratford-on-Avon District Council)	

Stratford-on-Avon District Council will use the information you provide on this form for administration of a Licence The Council will show the information you provide to such of its employees and agents as need to see it to achieve the purpose stated above. Your information will not be disclosed other than within the District Council's notification under the Data Protection Act 1998, unless the law allows us to do so.

FEE: £	PAYING IN CODE 6 3040 1331 0	SDC REFERENCE

Application for a personal licence

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

1. Your personal details					
TITLE Please tick ✓					
Mr Mrs I	Miss Ms Other (ple	ase state)			
Surname					
Forenames					
maiden name	s. Please continue on a	e enter details of any previo separate sheet if necessary			
TITLE Pleas	se tick ✓				
Mr Mrs I	Miss Ms Other (ple	ase state)			
Surname					
Forenames					
I am 18 years	old or over. Please tick	~	Yes No		
		IDENT (We will use this add			
correspond w below).	vith you unless you com	plete the separate correspo	ndence box		
Post town		Post code			
TELEPHONE	NUMBERS				
Daytime					
Evening					
Mobile					
FAX NUMBER					
E-MAIL ADDR	RESS (if you would prefe	r us to correspond with you	ı by e-mail)		

the address abo	respondence associated with ve)	1 this application (if c	lifferent to
Post town		Post code	
TELEBUONE NI	IMPERC		
TELEPHONE NU Daytime	INIBERS		
Evening			
Mobile			
	SS (if you would prefer us to	correspond with you	hv e-mail)
	(ii you would profer us to	correspond with you	by c-many
2. Your licensing Read Note 1	g qualifications	Plas	ase tick 🗸 yes
	elow which one of these stater		ise tick v yes
	dited licensing qualification	nonte applico to you.	
2. I hold a certifie	d qualification		
	alent qualification		
	of prescribed description	nlagge provide details	
	d either of statements 1, 2 or 3 e box below (name of qualifica		
	our qualification with your appli		anig body) dila
_	I statement 4, please provide e	vidence that you are a	a person of
prescribed descri	ption.		
3. Previous or o	utstanding applications for a	personal licence	
	nly hold one personal licence a	<u> </u>	Please tick 🗸
Do you currently	hold a personal licence?		Yes No
	have any outstanding applicati		Yes No
licerice, with this	or any other licensing authority	/ !	

Has any personal lice years?	ence held by you been forfeited in the last 5	Yes	No		
Licensing Authority					
Licence number					
Date of issue					
Date of expiry					
Any further details					
4. CHECKLIST:					
I have	Plea	se tick 🗸	yes		
likeness of me community or	photographs of myself, one of which is endorsed e by a solicitor or notary, a person of standing in to any individual with a professional qualification	he			
prescribed de	licensing qualification I hold or proof that I am a pescription	erson or			
enclosed a criminal conviction certificate or a criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service					
enclosed a completed disclosure of criminal convictions and declaration form (Schedule 3)					
made or enclosed payment of the fee for the application					
5. Declaration					
The information contained in this form is correct to the best of my knowledge and belief. It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.					
SIGNATURE	DATE				

NOTES

1. Licensing qualifications

Licensing qualifications are dealt with in section 120(8) and (9) of the Licensing Act 2003.

Disclosure of convictions and declaration

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

1. Your person	onal details
TITLE PI	ease tick ✓
Mr Mrs M	Miss Ms Other (please state)
Surname	
Forenames	
maiden name	IAMES (if relevant) please enter details of any previous names or es. Please continue on a separate sheet if necessary.
TITLE PI	ease tick ✓
Mr Mrs Surname	Miss Ms Other (please state)
Forenames	
Torchames	
	of a personal licence in the last 5 years wer this question if you are applying under regulation 8 of the
	ct (Personal licences) Regulations 2005
	Please tick ✓
	onal licence held by you been forfeited in the last 5 years? Yes provide details below:
Name of cour	
Address of co	ourt
Date of forfeit	ture
Offence which	h resulted
in the forfeitur	re
Any additiona	al details

3. Relevant or	foreign offences				
Read Note 1			P	Please ti	ick 🗸
Have you been	convicted of any relevant offence or	foreign of	fence?	Yes	No
each conviction	If you have been convicted of any relevant offences you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed:				
conviction of the	n convicted of any foreign offences y e date of conviction, the name and loo h you were convicted and the senten	cation of t	the convic		
T					
4. Declaration					
I declare that I offence	have not been convicted of any re	levant of	fence or	any for	eign
SIGNATURE		DATE			
5. Declaration					
The information contained in this form is correct to the best of my knowledge and belief. It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.					
SIGNATURE		DATE			

NOTES

1.Relevant or foreign offences

Relevant offences are the offences listed in Schedule 4 to the Licensing Act 2003:

The meaning of **foreign offence** is dealt with in section 113 of the Licensing Act 2003.

If you are the holder of a justices' licence and you are applying for a personal licence under regulation 8 of the Licensing Act (Personal licences) Regulations 2005 see paragraphs 23 and 28 in Part 3 of Schedule 8 to the Licensing Act 2003 for the information you are required to give.

If you are convicted of any relevant or foreign offence during the period between when your application is made and when your application is determined or withdrawn, you must notify the authority to which your application was made. Failure to do so without reasonable excuse could lead to prosecution and a fine not exceeding level 4 on the standard scale.