

Interim authority notice under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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 in black ink. Use additional sheets if necessary.

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

I/We

.....
(Insert name of applicant)

give this interim authority notice under section 47 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number (if known)

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description
--

Post town		Post code	
-----------	--	-----------	--

Telephone number (if any)	
---------------------------	--

E-mail address (optional)	
---------------------------	--

Part 2 – Notice giver details

In what capacity are you giving the interim authority notice?

See section 47 of licensing Act 2003

Please tick yes

- a) I am an individual with a legal interest in the premises as freeholder or leaseholder please complete section (A)
- b) I am a person other than an individual with a legal interest in the premises as freeholder or leaseholder
- i. as a limited company/limited liability partnership please complete section (B)
- ii. as a partnership (other than limited liability) please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) I am a personal representative for the former premises licence holder who has died please complete section (B)

- d) I have power of attorney which is registered for the former premises licence holder who has become mentally incapable please complete section (B)
- e) I am the insolvency practitioner for the former premises licence holder who is insolvent please complete section (B)

Date of lapsing of licence

On what date (as applicable)

Day Month Year

- did the former premises licence holder die?
- was the power of attorney registered under section 6 of the Enduring Powers of Attorney Act 1985?
- did the former holder become insolvent?
- did the former holder's immigration status expire?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes if you are	
Nationality					
Current residential address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)					

DETAILS OF SECOND INDIVIDUAL NOTICE GIVER (IF APPLICABLE)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth I am 18 years old or over <input type="checkbox"/> Please tick yes if you are					
Nationality					
Current residential address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)					

(B) NON-INDIVIDUAL NOTICE GIVER

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)

Telephone number (if any)
E-mail address (optional)

PART 3

Yes (please tick)

Has an interim authority notice previously been given relating to this premises and the former premises licence holder?

If not when do you want the variation to take effect from

Day Month Year

--	--	--	--	--	--	--	--

Has there been an application to transfer the premises licence under section 50 of the Licensing Act 2003?

Please tick yes

- I have made or enclosed payment of the fee
- I have sent a copy of this form to the chief officer of police for the area in which the premises is situated
- I have sent a copy of this form to Home Office Immigration Enforcement
- I have notified the designated premises supervisor (if different from the premises licence holder), if any
- I confirm that I am entitled to work in the United Kingdom (see guidance note 2)
- I understand that if I do not comply with the above requirements my application will be rejected

THIS NOTICE WILL LAPSE AT THE END OF THE 28 PERIOD AFTER THE LAPSING OF THE PREMISES LICENCE UNLESS A COPY OF THE NOTICE HAS BEEN GIVEN TO THE CHIEF OFFICER OF POLICE FOR THE POLICE AREA OR EACH POLICE AREA IN WHICH THE PREMISES IS SITUATED; AND A COPY HAS BEEN SENT TO HOME OFFICE IMMIGRATION ENFORCEMENT.

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE

KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note1)

Signature of notice giver or notice giver’s solicitor or other duly authorised agent (please read guidance note 3). **If signing on behalf of the notice giver please state in what capacity.**

Signature	
Date	
Capacity	

For joint notices signature of 2nd notice giver or 2nd notice giver’s solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this notice (please read guidance note 5)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Notes for Guidance

1. The notice must be signed.
2. A notice giver’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notice giver, both notice givers or their respective agents must sign the application form.
4. This is the address which we shall use to correspond with you about this application.

Right to work/immigration status

A licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensing activity. They do this in one of two ways:

- 1) by providing with this application copies or scanned copies of the documents which an applicant may provide to demonstrate their entitlement to work in the UK (which do not need to be certified) that are published on GOV.UK and in guidance issued under section 182 of the Licensing Act 2003.
- 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

Home Office online right to work checking service

As an alternative to providing a copy of original documents, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their 9-digit share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth (provided within this application), will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copy documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.