

# SHETLAND ISLANDS AREA LICENSING BOARD

## LICENSING (SCOTLAND) ACT 2005, SECTION 33(1)

### APPLICATION FOR TRANSFER OF PREMISES LICENCE ON APPLICATION OF LICENCE HOLDER

This application should only be completed by the Licence Holder of the appropriate Premises Licence or their Agent.

Please complete all sections of the application form.

#### SECTION 1: PREMISES LICENCE DETAILS

**1(a) Licence Number of Premises**

|  |
|--|
|  |
|--|

**1(b) Name and Address of Premises**

|  |
|--|
|  |
|--|

|                  |  |                  |  |
|------------------|--|------------------|--|
| <b>Post Code</b> |  | <b>Phone No.</b> |  |
|------------------|--|------------------|--|

**1(c) Full Name and Address of Current Licence Holder**

|  |
|--|
|  |
|--|

|                  |  |                  |  |
|------------------|--|------------------|--|
| <b>Post Code</b> |  | <b>Phone No.</b> |  |
|------------------|--|------------------|--|

#### SECTION 2: TRANSFEREE INFORMATION

Where the transferee is an **individual** complete part **2(a)** only

Where the transferee is a **partnership, company** or **club/other body** please complete part **2(b), 2(c)** or **2(d)** respectively. If the transferee is a **partnership, company** or **club/other body** then part **2(e)** must also be completed.

**2(a) Full Name, Home Address, Date and Place of Birth of Transferee if Individual**

|  |
|--|
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|                      |  |                       |  |
|----------------------|--|-----------------------|--|
| <b>Date of Birth</b> |  | <b>Place of Birth</b> |  |
|----------------------|--|-----------------------|--|

|                  |  |                  |  |
|------------------|--|------------------|--|
| <b>Post Code</b> |  | <b>Phone No.</b> |  |
|------------------|--|------------------|--|

**2(b) Full Name and Address of Transferee if Partnership**

|                  |  |                  |  |
|------------------|--|------------------|--|
|                  |  |                  |  |
| <b>Post Code</b> |  | <b>Phone No.</b> |  |

**2(c) Full Name, Address of Registered Office and Company Registration Number of Transferee if Company**

|                                    |  |                  |  |
|------------------------------------|--|------------------|--|
|                                    |  |                  |  |
| <b>Company Registration Number</b> |  |                  |  |
| <b>Post Code</b>                   |  | <b>Phone No.</b> |  |

**2(d) Full Name and Address of Transferee if Club or Other Body**

|                  |  |                  |  |
|------------------|--|------------------|--|
|                  |  |                  |  |
| <b>Post Code</b> |  | <b>Phone No.</b> |  |

**2(e)** Where transferee is a **partnership, company or club/other body** please provide the names, home addresses, dates and places of birth of all connected persons as defined by Section 147(3) of the Licensing (Scotland) Act 2005

**CONTINUE ON A SEPARATE PAGE IF NECESSARY**

|                      |  |                       |  |
|----------------------|--|-----------------------|--|
|                      |  |                       |  |
| <b>Date of Birth</b> |  | <b>Place of Birth</b> |  |
| <b>Post Code</b>     |  | <b>Phone No.</b>      |  |
|                      |  |                       |  |
| <b>Date of Birth</b> |  | <b>Place of Birth</b> |  |
| <b>Post Code</b>     |  | <b>Phone No.</b>      |  |

**SECTION 3: LICENCE TO BE AMENDED**

(See note 1 below)

Does the appropriate Premises Licence accompany this application?

YES       NO

If the answer is **NO**, please provide an explanation.

I am unable to produce the Premises Licence because...

The licence has not yet been issued by the Board  
 The licence has already been returned to the Board in respect of an earlier application for variation or transfer  
 Other (provide details) .....

**DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT**

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

I confirm that (a) the contents of this Application are true to the best of my knowledge and belief; and (b) the appropriate fee is enclosed. (See note 2 below)

**Signature** .....\*(See note 3 below)

**Date** .....

Capacity: APPLICANT / AGENT (delete as appropriate)

**If agent, please provide name, address, phone number and (if applicable) e-mail address** .....

**Note 1:**

The appropriate premises licence (including summary licence, operating plan and layout plan) must be returned to the Licensing Authority in order that the licence documents can be updated to reflect the details of the transfer. If you are in possession of the appropriate Premises Licence but unable to provide said licence with this application, you must ensure the licence is forwarded to the Licensing Authority within 14 days in order to complete the process of transfer.

Please note also that once the transfer is completed, any certified copies of the appropriate Premises Licence must also be updated to reflect the details of the transfer.

**Note 2:**

If this application is submitted together with an application for variation then it will be subject to a combined fee. Please contact us for the current fee.

**Note 3:**

**\*Data Protection Act 1998**

The information on this form will be used to update the Premises Licence of the appropriate premises. Accordingly, the information contained on this form may be held on an electronic public register which may be available to members of the public on request.

**Contact Us:**

Shetland Islands Area Licensing Board  
8 North Ness Business Park  
Lerwick  
Shetland  
ZE1 0LZ

Phone No: 01595 744550  
E-Mail: [licensing@shetland.gov.uk](mailto:licensing@shetland.gov.uk)

| <b>FOR OFFICE USE ONLY</b>               |                              |                              |
|--|------------------------------|------------------------------|
| <b><i>Received &amp; Receipt No.</i></b> | <b><i>System Updated</i></b> | <b><i>Licence Issued</i></b> |
|  |                              |                              |