

Notification to Police of Application to become a Licence Holder or Designated Official

Please complete this form in BLOCK CAPITALS

Premises

Name and Address of the premises
this application relates to

Tel. No.	Postcode

Contact Tel No. of these premises

Tel. No.	Postcode
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Details of Applicant

Surname (please state Mr/Mrs/Miss/Ms)

Forenames

Previous Name(s) (state if alias, maiden name)

Date of Birth

 / /

Place of Birth

Current Address

Postcode	

Telephone Number(s)

Home	Work	Mobile
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Details of Applicants Spouse/Partner

Surname (please state Mr/Mrs/Miss/Ms)

Forenames

Previous Name(s) (state if alias, maiden name)

Date of Birth

 / /

Place of Birth

Current Address

Postcode	



Previous Experience

Previous experience in the sale of alcohol (licensing trade). *To include dates and positions held. Please attach copies of any documentary evidence / certificates if available.*

Date (from)	(to)	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	

Particulars of previous training in Alcohol related matters. Attach copies of any certificates/documentary evidence as necessary.

Date	
/ /	
/ /	
/ /	
/ /	

Has the applicant completed the Isle of Man College, Manx Institute of Inn Keepers course?

Yes

No

If **Yes**, please include a copy of the certificate.

** Note: It is a requirement of the licensing court that this course be completed prior to your court appearance.*

Convictions

Please list details of any **convictions** in a criminal court, **cautions** which have been recorded against the applicant, their spouse/partner, together with the penalties or sentences imposed.

(Please note that the Rehabilitation of Offenders Act 2001 does not apply in relation to applications before the Licensing Court . You must declare all previous convictions regardless of their age).

Self/Spouse	Date and Place of Court	Offence	Penalty

If you have **never** been convicted or cautioned for a criminal offence you should write "**no convictions to declare**"

Self Spouse/Partner

Has the applicant, his/her spouse, or partner been refused a liquor licence, or had such a licence revoked by any licensing bench?

Yes

No

If **Yes**, Please provide details below.

Convictions cont.

Has the applicant, their spouse or partner, ever been disqualified from holding a liquor licence?

Yes

No

If **Yes**, provide details.

Has the applicant, their spouse or partner, at any time been invited to resign from, or been dismissed from, the position of licensee?

Yes

No

If **Yes**, briefly state the circumstances and the name and address of the brewery or company concerned.

Is the applicant a holder of other liquor licences?

Yes

No

If **Yes**, give details of the name, address and type of licence held.

Important information

This form will be supplied to the All Island Licensing Court. Applicants should familiarise themselves with the provisions of the Licensing Act 1995 and Regulations and their responsibilities there under, in particular relating to:

- The serving of persons underage
- Maintaining effective control and supervision in and around the licensing environment

If this application is running parallel to an application to the Licensing Court for approval/alteration to licensed premises, contact the Police Central Alcohol Unit for further information.

If the licence is to be held in the name of a company, full disclosure of the company registration together with any Director(s) and the Company Secretary must be made. Please refer to and complete form LLP/P in this instance.

The details you provide will be Police vetted, checked and verified.

Any failure to disclose details or any false declaration within this document which could affect the approval of the application could be construed as attempting to obtain a pecuniary advantage, contrary to Section 15 of the Theft Act 1981. Attention is also drawn to the offence of making a false application for a Work Permit under Employment Legislation.

The Chairman of the All Island Licensing Court
Summary Courts' Office
Isle of Man Courts of Justice
Deemsters Walk, Bucks Road, Douglas
Isle of Man IM1 3AR

Isle of Man Constabulary
Central Alcohol Unit
Lord Street Police Station
Douglas, Isle of Man IM1 2SR
Tel: 631323

I understand that I must supply the Police Alcohol Unit with a true and accurate copy of this application and accompanying documentation.

The information contained within this form is correct.

Print Name

Signature

Date