

The Licensing Court Company Information to Support A Liquor Licence Application

This form should be completed in conjunction with the Guidance Document available on the Court's Website

Please complete this form carefully and completely. Failure to do so may result in the refusal, or adjournment, of your application. Please use BLOCK CAPITALS or type where necessary.

Type of Licence applied for (tick one box from each section only)

This form is to be supplied in tandem with an application for one of the below licence types. Please select the application that accompanies this form—

ON LICENCE (RESTAURANT)

PASSENGER VESSEL LICENCE

FULL ON LICENCE

OFF LICENCE

ON LICENCE (RESIDENTIAL)

Section A – Contact, Address and Premises

A1: Name of Premises

A2: Postal Address

Postcode

A3: Telephone Number

A4: Email Address

A5: Company Name

A6: Contact Name

A7: Company Number

Section B—Tax Information

B1: Date of last annual return -

B2: Date annual return is made up to -

B3: Anything filed and any changes since that date?
(Supply details on separate sheet if necessary)

Yes No

Section C— Company Information

C1: Has there been any appointment of receivers, managers or liquidators in respect of the company that remain undischarged?

Yes No

C2: Who is the current Company Secretary?

Name

Date of Birth

Home Address

Postcode

C3: Who are the current Directors? (if more than five please provide on separate sheet)

Name

Date of Birth

Home Address

Postcode

Name

Date of Birth

Home Address

Postcode

Continued on next page.

C3 (continued):

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

Section D—Share Holders

D1: Please detail current Shareholders of the company. If the company is a public company, or has more than 5 shareholders, the majority shareholding/ultimate beneficial ownership, or any other controlling interest or ownership of the company (i.e. parent/controlling company, subsidiaries and their location i.e. UK) should be disclosed (on a further sheet and with documentary evidence if necessary).

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

D1 (continued):

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode

The information contained within this form is correct .

Print Name:

Position within organisation:

Telephone Number:

Work Number	Mobile Number
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Signed:

	Date
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