

# The Licensing Court

## Application to be a Licence Holder or Designated Official

This form should be completed in conjunction with the Guidance Document LL1(a)

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.

### 1. Application

Is the applicant an existing Designated Official / Licensee / Licence Holder?

Yes

No

Please indicate premises applicant already approved for

Date of Court you would like this application to be heard

DD	MM	YYYY
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### 2. Premises

Name and Address of premises this Application refers to

<input type="text"/>	
<input type="text"/>	
Tel. No.	Postcode

Name of person from applicant Company / Licence Holder who authorises this application.

E-mail address for person above

### 3. Details of Applicant

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

Forename(s)

Previous Name(s)  
(please state if alias / maiden name)

Date and Place of Birth

DD	MM	YYYY	Town / Country
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Current Address

<input type="text"/>
Postcode

Telephone Number(s)

Home	Mobile	Daytime
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E-mail Address

#### 4. Details of Applicant's Spouse or Partner

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

Forename(s)

Previous Name(s)  
(please state if alias / maiden name)

Date and Place of Birth

Current Address

Telephone Number(s)

E-mail Address

#### 5. Work Permit

Do you require a work permit? Yes  No

If 'No', then please state why not?

Work Permit Number  
(A copy to be supplied with this form and the original to be available to the court)

#### 6. Previous Addresses

Previous Residential Address(es) for the last five years, **including dates** (continue on separate sheet if necessary)

From:    To:

1.

From:    To:

2.

From:    To:

3.

## 7. References

Please obtain three personal references. Please note that the original references must be supplied **at least 21 days prior to the Court Hearing**. The References **should detail your suitability for the role of license holder or designated official** and should have been **written within the last 3 months**.

### Reference 1

Referee's Name

Referee's Title

Address

Postcode

Telephone Numbers

Home

Mobile

Daytime

E-mail address

Signed

Dated

DD

MM

YYYY

**For Office Use Only –**  
Appropriate Reference?

### Reference 2

Referee's Name

Referee's Title

Address

Postcode

Telephone Numbers

Home

Mobile

Daytime

E-mail address

Signed

Dated

DD

MM

YYYY

**For Office Use Only –**  
Appropriate Reference?

### Reference 3

Referee's Name

Referee's Title

Address

Postcode

Telephone Numbers

Home

Mobile

Daytime

E-mail address

Signed

Dated

DD

MM

YYYY

**For Office Use Only –**  
Appropriate Reference?

### 8. Previous Experience

Detail any previous experience in the sale of alcohol, age related products or other experience in a regulated retail environment including any other relevant training and qualifications. *To include dates and positions held. Please attach copies of any documentary evidence / certificates if available.*

Date (from)			(to)			Position Held / Course Name
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	
DD	MM	YYYY	DD	MM	YYYY	

(Optional) Detail why do you think you're suitable to be a Licence Holder or be a Designated Official? Attach copies of any certificates or documentary evidence.


Has the applicant passed the current Licensing Course in Manx Licensing Law as approved by the Licensing Court?      Yes       No

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

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

9. Convictions, Cautions & Binding Over Orders

Have you, or your spouse/partner ever been **convicted** in a criminal court, or **cautioned**, or **bound over to be of good behaviour** for any offence including motoring offences, offences under the Income Tax Act 1970 and offences under the Social Security Administration Act 1992?

If Yes, complete this section.

**(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	Place (Court)	Offence & Penalty
<input type="text"/>	DD MM YYYY	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD MM YYYY	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD MM YYYY	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD MM YYYY	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD MM YYYY	<input type="text"/>	<input type="text"/>

If you have **never** been convicted or cautioned for a criminal offence or been bound over to be of good behaviour then you must write **"no convictions to declare"** in the boxes below.

Self

Spouse / Partner

Has the applicant, his / her spouse, or partner been refused a liquor license, or had such a licence revoked by any licensing bench? Yes  No

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

Has the applicant, his / her spouse, or partner ever been disqualified from holding a liquor licence? Yes  No

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

Has the applicant, his / her spouse, or partner at any time been invited to resign from, or been dismissed from, the position of licensee or designated official? Yes  No

If **Yes**, briefly state the circumstances and the name and address of the employer 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 license held.

## 10. Important Information and Declaration / Statement of Truth

I confirm that the information contained in this form is full and complete. I confirm that I have answered all sections to the best of my knowledge and information. I understand and acknowledge the declaration made above. I submit the following in support of my application and confirm that where copies are supplied the original is in my possession and will be provided to the Court on the date of the hearing:-

1. Work permit
2. Licensing Course Certificate
3. Three original references
4. Curriculum Vitae – *if you feel it is appropriate*
5. If the applicant is a company please enter your company registration number here:-
6. Other documentation (please list):


**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 1982. Attention is also drawn to the offence of making a false application for a Work Permit under The Control of Employment Act 1975.**

**The information contained within this form is correct and I understand that the details I have provided will be Police vetted, checked and verified.**

**Print Name**

**Date**

**Signature**

This form must now be submitted to the Licensing Court (at the address below) along with an additional full copy of all material which once checked for completeness will be forwarded to the Police Central Alcohol Unit by the Licensing Court Clerk. Please keep a copy for your own records.

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

**Please refer to the following check list to ensure your application is complete.**

<b>Fee Enclosed</b>	<input type="checkbox"/>
<b>Original to Courts</b>	<input type="checkbox"/>
<b>Copy to Courts (for Police)</b>	<input type="checkbox"/>
<b>Kept Copy for Self Reference</b>	<input type="checkbox"/>
<b>Licensing Course Certificate</b>	<input type="checkbox"/>
<b>Work Permit (if applicable)</b>	<input type="checkbox"/>