

**Application to transfer premises licence to be granted 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 [Lisa MacKinnon  
~~SINGLETON ESTATES LTD~~] apply to transfer the premises licence  
(insert name(s) of applicant)  
described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

**Premises Licence Number**

000001326

**Part 1 - Premises Details**

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

EUREKA PUBLIC HOUSE  
78 HAUSALL LANE

Post town ORMSKIRK.

Post code L39 3AX

Telephone number of premises (if any)

Please give a brief description of the premises

PUBLIC HOUSE  
WITH RESIDENTIAL ACCOMODATION

Name of current premises licence holder

SINGLETON ESTATES LTD.

**Part 2 - Applicant Details**

In what capacity are you applying for the premises licence to be transferred to you?

- Please tick ✓
- a) An individual or individuals\*  Please complete section (A)
- b) A person other than an individual\*  Please complete section (B)
- i. as a limited company  Please complete section (B)
- ii. as a partnership  Please complete section (B)
- iii. as an unincorporated association or  Please complete section (B)
- iv. other (for example a statutory corporation)  *manger* Please complete section (B)
- c) A recognised club  Please complete section (B)
- d) A charity  Please complete section (B)
- e) The proprietor of an educational establishment  Please complete section (B)
- f) A health service body  Please complete section (B)
- g) A person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  Please complete section (B)
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that part) in an independent hospital in England  Please complete section (B)
- h) The chief officer of police of a police force in England and Wales  Please complete section (B)

\*If you are applying as a person described in (a) or (b) please confirm:

- Please tick ✓  
(yes)
- a) I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- b) I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative

This section is intentionally blank

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other   
(for example, Rev)

Surname mackay  
Lisa Marie

First Names  
Lisa Marie

I am 18 years old or over

Please tick ✓ Yes

Current postal address if different from premises address

Eureka Public House  
78 Halsall lane  
ORMSKIRK

Post Town

ORMSKIRK

Postcode

L39 3AX

Daytime contact telephone number

07497386814

E-mail address (optional)

Lisamackay1982@Hotmail.co.uk

## SECOND INDIVIDUAL APPLICANT (if applicable)

Mr  Mrs  Miss  Ms  Other   
(for example, Rev)

Surname

First Names

I am 18 years old or over

Please tick ✓ Yes

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

## (B) OTHER APPLICANTS

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

The section is internationally blank

### Part 3

Are you the holder of the premises licence under an interim authority notice?

**Please tick** ✓ (yes)

Do you wish the transfer to have immediate effect?

  

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

Day	Month	Year
<del>14</del> 4	1	1 2010

I have enclosed the consent form signed by the existing premises licence holder

Please tick ✓ (yes)

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

**If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)**

Please tick ✓ (yes)

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

Please tick

✓ (yes)

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 5 – Signatures (please read guidance note 2)**

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

Signature... LM Mackay

Date... 14/11/2016

Capacity... Manager

**For joint applicants signature of 2<sup>nd</sup> applicant, 2<sup>nd</sup> applicant’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 application (please read guidance note 5)	
<u>Miss Lisa Marie Mackay</u>	
<u>78 Hallsall lane</u>	
<u>Ormskirk</u>	
Post town <u>ORMSKIRK</u>	Post code <u>L39 3AX</u>
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. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

West Lancashire Borough Council  
Licensing Service

Robert Hodge Centre  
Stanley Way  
Skelmersdale  
Lancashire  
WN8 8EE  
Tel: 01695 577177  
Fax: 01695 585126

Email: [licensing.enquiries@westlancs.gov.uk](mailto:licensing.enquiries@westlancs.gov.uk)  
Website: [www.westlancs.gov.uk/licensing](http://www.westlancs.gov.uk/licensing)

**Consent of premises licence holder to transfer**

I/We, SINGLETON ESTATES LTD.  
[full name(s) of existing licence holder(s)]

the premises licence holder of premises licence number 000001326  
[insert premises licence number]

relating to  
EUREKA PUBLIC HOUSE  
78 HALLSALL LANE  
ORMSKIRK  
[name and address to which the application relates]

hereby give my consent for the transfer of premises licence number  
000001326  
[insert premises licence number]  
Singleton Estates Ltd  
[insert full name or names of applicant]

to  
MISHLISA MACKAY,  
[full name of transferee]

Signed Thomas Rowe

Name (Please print) T. THOMAS ROWE

Dated 10/11/16