

Chris Clarke

From: Website
Sent: 09 March 2024 15:07
To: Licensing
Subject: Form Submission - Transfer a Premises Licence

Categories: Carrie

Submitted on Sat, 09/03/2024 - 15:06

Submitted by: Anonymous

Submitted values are:

Your Name
Chak27

Address
The Old Ship Inn
22 High /street
Sleaford, Lincolnshire. NG34 0Lx

Telephone Number
[REDACTED]

Email address
theoldshipinn@yahoo.com

Applicants name
Chak27

Premises licence number
5065

Does the premises have a postal address?
Yes

Premises address
22 High Street
Pointon
Sleaford, Lincolnshire. NG34 0Lx

Telephone number at premises
[01529 241117](tel:01529241117)

Description of premises
Public House

Name of current premise licence holder
8 Sail Inns Ltd

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

APPENDIX 1

Yes

I am making the application pursuant to a statutory function

No

I am making the application pursuant to a function discharged by virtue of her Majesty's prerogative

No

a) an individual or individuals

No

b) a person other than an individual

Yes

i. as a limited company/limited liability partnership

Yes

ii. as a partnership (other than limited liability)

No

iii. as an unincorporated association or

No

iv. other (for example a statutory corporation)

No

c) a recognised club

No

d) a charity

No

e) the proprietor of an educational establishment

No

f) a health service body

No

g) A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales

No

h) 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

No

i) the chief officer of police of a police force in England and Wales

No

j) Other (for example a statutory corporation)

No

Name of organisation

Chak27 (The Old Ship Inn)

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)
Company

Address

The Old Ship Inn
22 High /street
Sleaford, Lincolnshire. NG34 0LZ

Daytime contact number

[REDACTED]

Email address

theoldshipinn@yahoo.com

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

No

Do you wish the transfer to have immediate effect?

Yes

When would you like to transfer to take effect?

2024-03-08

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

No

Please give the reasons why not. What steps have you taken to try and obtain the consent.

I have been contacted by the previous premises licence holder, 8 Sail Inns Ltd, to say they have cancelled their premises licence and that I need to arrange to transfer it to my business. They have said they will email me a surrender notice which I can forward to you.

Do you agree to the condition(s) laid out in the above agreement?

Yes

Do you agree to forward the (original) existing premises licence?

No

Please give reasons why this is not possible?

We are not in possession of the existing premises licence

I declare that to the best of my knowledge the answers given in this application are true. I understand that the authority will check the information and that providing false information is a criminal offence.

Yes

Postal address for correspondence associated with this application:

The Old Ship Inn
22 High /street
Sleaford, Lincolnshire. NG34 0LX

Correspondence telephone number or email address

theoldshipinn@yahoo.com

Full Name of person submitting application

Alina Nisar

Applicant's position in the business:
Director

APPENDIX 1