

**Chris Clarke**

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**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](mailto: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

**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**

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**

**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