



Licensing Team
 North Norfolk District Council
 Council Offices
 Holt Road
 Cromer
 Norfolk
 NR27 9EN

Reference number

(office use only)

Schedule 7

Interim Authority Notice 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 **give this interim**
 (Insert name of applicant)
authority notice under section 47 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

[Empty box for Premises licence number]

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code
Telephone number of Premises	

Part 2 –Notice Giver Details

In what capacity are you giving the interim authority notice?
(see section 47 of the Licensing Act 2003)

Please tick ✓

<p>a) I am an individual with a legal interest in the premises as freeholder or leaseholder</p>	<p><input type="checkbox"/> Please complete Section A</p>
<p>b) I am a person other than an individual with a legal interest in the premises as freeholder or leaseholder</p> <p>i. as a limited company</p> <p>ii. as a partnership</p> <p>iii. as an unincorporated association</p> <p>iv. other (for example a statutory corporation</p>	<p><input type="checkbox"/> Please complete Section B</p> <p><input type="checkbox"/> Please complete Section B</p> <p><input type="checkbox"/> Please complete Section B</p> <p><input type="checkbox"/> Please complete Section B</p>
<p>c) I am a personal representative for the former premises licence holder who has died</p>	<p><input type="checkbox"/> Please complete Section B</p>
<p>d) I have power of attorney which is registered for the former premises licence holder who has become mentally incapable</p>	<p><input type="checkbox"/> Please complete Section B</p>
<p>e) I am the insolvency practitioner for the former premises licence holder who is insolvent</p>	<p><input type="checkbox"/> Please complete Section B</p>

DATE OF LAPSING OF LICENCE

On what date
(as applicable)

Day Month Year

• **Did the former premises licence holder die?**

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• **Was the power of attorney registered under Section 6 of the Enduring Powers of Attorney Act 1985?.....**

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• **Did the former holder become insolvent?.....**

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SECTION A – DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)

Mr Mrs Miss Ms Other title
(please state)

Surname

First names

I am 18 years old or over Yes

Current postal address if different from premises address

<input type="text"/>	
Post Town:	Postcode:

Daytime contact telephone number

E-mail address (optional)

DETAILS OF SECOND INDIVIDUAL NOTICE GIVER (if applicable)

Mr Mrs Miss Ms Other title
(please state)

Surname

First names

I am 18 years old or over Yes

Current postal address if different from premises address

<input type="text"/>	
Post Town:	Postcode:

Daytime contact telephone number

E-mail address (optional)

SECTION B – NON INDIVIDUAL NOTICE GIVER

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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 etc)
Telephone number (if any)
E-mail address (optional)

Part 3

Please tick ✓

Has an interim authority notice previously been given relating to this premises and the former premises licence holder?.....

Day Month Year

If yes, please give the date.....

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Please tick ✓

Has there been an application to transfer the premises licence under Section 50 of the Licensing Act 2003?.....

CHECKLIST

Please tick ✓ Yes

- I have made or enclosed payment of the fee.....
- I have sent a copy of this application to the Chief Officer of Police for the area in which the premises is situated.....
- I have notified the designated premises supervisor (if different from the premises licence holder), if any.....
- I understand that if I do not comply with the above requirements or my application is not completed correctly, my application will be rejected.....

THIS NOTICE WILL LAPSE AT THE END OF THE 28 DAY PERIOD AFTER THE LAPSING OF THE PREMISES LICENCE UNLESS A COPY OF THE NOTICE HAS BEEN GIVEN TO THE CHIEF OFFICER OF POLICE FOR THE POLICE AREA OR EACH POLICE AREA IN WHICH THE PREMISES IS SITUATED

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 4 – Signatures

Please read guidance note 1

Signature of notice giver or notice giver’s solicitor or other duly authorised agent
(See guidance note 2). **If signing on behalf of the notice giver please state in what capacity.**

Signature

Date

Capacity

For joint notices signature of 2nd notice giver or 2nd notice giver’s solicitor or other authorised agent. (Please read guidance note 3) **If signing on behalf of the notice giver please state in what capacity.**

Signature

Date

Capacity

Contact name (where not previously given) **and address for correspondence associated with this notice** (please read guidance note 4)

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Post Town:	Postcode:
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Daytime contact telephone number

E-mail address (optional)

Notes for guidance

1. The notice must be signed.
2. A notice giver’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notice giver, both notice givers or their respective agents must sign the application form.
4. This is the address which we shall use to correspond with you about this application.
5. This is the address which we shall use to correspond with you about this application.