

ABERDEENSHIRE (SOUTH) LICENSING BOARD

**THE LICENSING (SCOTLAND) ACT 1976
as amended**

**APPLICATION FOR CONFIRMATION OF INTERIM TRANSFER
Section 25 (4)**

IF IN DOUBT CONSULT YOUR SOLICITOR

FOR OFFICIAL USE ONLY

Date copied to Police	Date of receipt of application
PLEASE RESPOND BY	Date Acknowledged
	Fee Paid
Response received Police	Board Meeting

PLEASE DO NOT WRITE IN SHADED AREA

1. Name, Address and Telephone Number of Premises	
2. Type of Licence	<i>Please delete if not applicable HOTEL, RESTRICTED HOTEL, PUBLIC HOUSE, REFRESHMENT, RESTAURANT, ENTERTAINMENT, OFF SALES</i>
3. Applicant Company or Applicant Partnership Name, Address of Registered Office, Telephone Number, Email Address and Company Registration Number	<i>Please complete if Applicant is a Company or Partnership only</i>
4. Name, Designation, Address, Telephone Number, Date & Place of Birth and Email Address of Employee or Agent to be responsible for day to day running of the Premises (married women include Maiden Name)	<i>Please complete if Applicant is a Natural Individual Person or Employee or Agent of no. 1 above</i>

<p>5a. Has Applicant and/or his Employee or Agent been previously Refused the Grant of a Licence or Transfer of a Licence for any reason.</p> <p>If YES,</p> <p>b. Please state Reason</p> <p>c. Please advise Date of Refusal & Board Name</p> <p>6. If Application is for Transfer of Public House or Hotel Licence, is request made under Section 119 relating to Trading Hours for Off-Sales parts of Premises</p> <p>7. State whether Applicant requires a Section 62 Seasonal Licence</p>	<p>YES/NO</p> <hr/> <p><i>Does Applicant wish a separate Off-Sales part of Premises</i></p> <p>YES/NO</p> <p><i>If YES, please submit 7 Layout Plans herewith</i></p> <hr/> <p><i>Does Applicant wish to close Premises for a significant period each year</i></p> <p>YES/NO</p> <p><i>If YES, please state period of proposed closure</i></p>
<p>DATE _____</p>	<p>SIGNATURE _____</p> <p>APPLICANT/AGENT</p> <p>If submitted by an Agent, Agent complete the following:-</p>
<p>Solicitor's Name</p> <p>Firm Name and Address</p> <p>Postcode</p> <p>Office Reference</p> <p>Telephone No.</p> <p>Fax No.</p> <p>Legal Post Number</p> <p>Email.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center">*CURRENT LICENCE SHOULD ACCOMPANY APPLICATION IF NOT ALREADY WITH CLERK TO THE LICENSING BOARD*</p>	
<p align="center">Fee for Confirmation of Interim Transfer £60 (Cheques to be made payable to "Aberdeenshire Council (South)")</p>	