

ABERDEENSHIRE (SOUTH) LICENSING BOARD

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

**APPLICATION FOR INTERIM TRANSFER
Section 25 (2) & (3)**

IF IN DOUBT CONSULT YOUR SOLICITOR

FOR OFFICIAL USE ONLY

Date copied to Police	Date of receipt of application
Date copied to DES
Date copied to Firemaster	Date Acknowledged
PLEASE RESPOND BY
	Fee
Response received Police	Date Granted
DES (Info only)	Date of meeting at which Confirmation
Firemaster (Info only)	of this Application is to be considered

PLEASE DO NOT WRITE IN SHADED AREA

1. Name, Address and Telephone Number of Premises	
2. Type of Licence	<i>Please delete as appropriate HOTEL, RESTRICTED HOTEL, PUBLIC HOUSE, REFRESHMENT, RESTAURANT, ENTERTAINMENT, OFF SALES</i>
2a. Gaming Permit	<i>Please delete as appropriate</i> *Yes/No
*If 'Yes', Application for Gaming Machine Permit should accompany this Application. Remember to apply for Gaming Machine Licence Transfer (to HM Customs and Excise) 14 days in advance of Date of Entry	
3. Company/Partnership Name, Address of Registered Office, Telephone Number, Email Address and Company Registration Number	

<p>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)</p>	<p><i>Please complete if Applicant is a Natural Individual Person or Employee or Agent of no. 1 above</i></p>
<p>5. Particulars of Employee or Agent: a)Length of Experience in Licensing Trade b)Details of Experience c)Qualifications (enclosing copy certificates) (Continue on separate sheet if necessary)</p>	<p>a) b) c)</p>
<p>NB it is a requirement of the Licensing Board that all Transferees are Trained to Scottish Licensee Certificate standard or equivalent. Please contact the Licensing Department for details.</p>	
<p>6a. State Date on which last Employee/Agent ceased being responsible for the Premises</p> <p>b. Date on which Interim Transfer is to take effect</p>	
<p>7a. Is application - (i) by the Executors, Representatives or Disponees of any person who held the Licence in respect of the Premises and who has Died before the Expiry of the Licence, or</p>	<p><i>State Legal Capacity of Applicant for (i)</i></p>
<p>(ii) by the Trustee, Judicial Factor or Curator Bonis of any person holding such a Licence who has become Bankrupt, Insolvent or Incapable before the Expiry of the Licence</p>	<p><i>State Legal Capacity of Applicant for (ii)</i></p>
<p>b. for Substitution of Employee or Agent 8. Is Applicant in Possession of the Premises?</p>	<p>Yes/No</p>

9. State whether Applicant requires a Seasonal Licence in terms of Section 62 of the Act	<i>Does Applicant wish to close Premises for a significant period each year</i>
10. 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	<i>Does Applicant wish a separate Off-Sales part of Premises</i> <i>If YES please submit 7 Layout Plans herewith</i>
11a. Has Applicant and/or his Employee been previously Refused the Grant of a Licence or Transfer of a Licence for any reason b. If YES, please state Reason. c. Please advise Date of Refusal and Board Name.	Yes/No
DATE _____	SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-
Solicitor's Name	
Firm Name and Address	
Postcode	
Office Reference	
Telephone No.	
Fax No.	
Legal Post Number	
Email	
CURRENT LICENCE SHOULD ACCOMPANY THIS FORM	
NOTE: If applicable, please remember to apply to HM Customs & Excise for a Gaming Licence and the Licensing Board for a Gaming Permit. Fee for Interim Transfer £19 (Cheque to be made payable to "Aberdeenshire Council (South)")	