

**ABERDEENSHIRE (SOUTH) LICENSING BOARD**

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

**APPLICATION FOR PERMANENT TRANSFER OF TEMPORARY  
TRANSFER  
Section 25 (1b)**

**IF IN DOUBT CONSULT YOUR SOLICITOR**

**FOR OFFICIAL USE ONLY**

Date copied to Police .....	Date of receipt of application .....
PLEASE RESPOND BY .....	Date Acknowledged .....
Last Date for Objections .....	Fee Paid .....
	Date Objections Received .....
	Date Objections Acknowledged .....
Response received Police .....	Date Temporary Transfer Granted .....
	Board Meeting .....

**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>
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>

<p>4. Name, Designation, Address, Telephone Number, Date &amp; Place of Birth and Email Address of Applicant or Employee/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>5a. If Applicant is a Company or Firm, please give Name, Date &amp; Place of Birth, Address and Telephone Number of all Directors or Partners</p>	
<p>5b. If Applicant is an Individual, please give Name, Address, Date &amp; Place of Birth and Telephone Number of the person or persons on whose behalf or for whose benefit the Applicant will manage the Premises. This should include inter alia the Spouse or Partner of the Applicant or the Owner of the Premises if different from the Applicant.</p>	
<p>6(a) Has Applicant and/or Employee or Agent been previously Refused the Grant of a Licence or Transfer of a Licence for any reason  If answer to 6(a) YES, b. Please state Reason and c. Please Advise Date of Refusal &amp; Board Name</p>	<p>Yes/No</p>
<p>7. If Application is for Transfer of Public House or Hotel Licence, is request made under Section 119 relating to Trading Hours for Off-Sales part of Premises</p>	<p><i>Does Applicant wish a separate Off-Sales part of premises</i>  YES/NO <i>If YES please submit 7 Layout Plans herewith</i></p>
<p>8. State whether Applicant requires a Section 62 Seasonal Licence</p>	<p><i>Does Applicant wish to close Premises for a significant period each year?</i></p>
<p>DATE _____</p>	<p>SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-</p>

Name of Agent	
Firm Name and Address	
Postcode	
Office Reference	
Telephone No.	
Fax No.	
Legal Post Number	
E-Mail.	
<b>*CURRENT LICENCE SHOULD ACCOMPANY APPLICATION IF NOT ALREADY WITH CLERK TO THE LICENSING BOARD*</b>	
Fee for Permanent Transfer of Temporary Transfer £96 (Cheques to be made payable to "Aberdeenshire Council (South)")	