

# Blackpool Council

22 OCT 2014

## APPLICATION TO TRANSFER A PREMISES LICENCE LICENSING ACT 2003

Name of proposed  
new licence holder:

N & P PUB LIMITED

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



## Schedule 6

### Application to transfer a premises licence to be granted under the Licensing Act 2003

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 ~~the~~ NICK LOWE OF N+P PUBS LTD

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below.

### Part 1 - Premises details:

<b>Address</b>	3-5 ST ANNES ROAD				
	BLACKPOOL				
	LANCASHIRE	<b>Post Code</b>	F	Y	4 - 2 A N
<b>Telephone Number</b>	01253 319362	<b>Mobile Number</b>			

Please give a brief description of the premises: (see guidance note 1)

Public House.

<b>Name of the current Premises Licence holder</b>	TANGERINE TAVERN LIMITED
<b>Premises Licence number</b>	PL1969

### Part 2 – Applicant details

In what capacity are you applying for the premises licence to be transferred to you

- a) An individual or individuals\*  Complete Section A
- b) A person other than an individual \*
  - i. As a limited company  Complete Section B
  - ii. As a partnership  Complete Section B
  - iii. As an unincorporated association  Complete Section B
  - iv. Other (for example a statutory corporation)  Complete Section B

- c) A recognised club  Complete Section B
- d) A charity  Complete Section B
- e) The proprietor of an educational establishment  Complete Section B
- f) A health service body  Complete Section B
- g) A person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  Complete Section B
- ga) 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  Complete Section B
- h) The chief officer of a police force in England or Wales  Complete Section B

\*If you are applying as a person described in (a) or (b) please confirm:

- I am carrying on or proposing to carry on a business that involves the use of a premises for licensable activities
- I am making the application pursuant to a:
  - Statutory function
  - A function discharged by virtue of Her Majesty's prerogative

**A. INDIVIDUAL APPLICANTS** (fill in as applicable)

<b>Title:</b>	Mr	Mrs	Miss	Ms		<b>Forename(s)</b>					
<b>Surname</b>						<b>Date of Birth</b>					
<b>Home address</b>											
						<b>Post Code</b>					
<b>Telephone Number</b>					<b>Mobile Number</b>						
<b>E-Mail address</b>											

**SECOND INDIVIDUAL APPLICANT** (If Applicable)

<b>Title:</b>	Mr	Mrs	Miss	Ms		<b>Forename(s)</b>	
<b>Surname</b>						<b>Date of Birth</b>	
<b>Home address</b>							
						<b>Post Code</b>	
<b>Telephone Number</b>					<b>Mobile Number</b>		
<b>E-Mail address</b>							

**B. OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

<b>Name</b>	N+P Pbs LTD						
<b>Address</b>	21 Cranwe ST						
	Burdport.						
						<b>Post Code</b>	F Y I 3 L A
<b>Registered number</b>	09096372						
<b>Description of applicant (for example partnership, company, unincorporated association)</b>							
<b>Telephone number</b>							
<b>E-Mail address (optional)</b>							

**Part 3**

Are you the holder of the premises licence under an interim authority notice?

Yes	No
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Do you wish the transfer to have immediate effect?

Yes	No
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If not, when would you like the transfer to take effect?

Day	Month	Year

Have you enclosed the consent form signed by the existing premises licence holder?

Yes	No
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If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

If this application were granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Have you enclosed the premises licence?

Yes	No
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If you have not enclosed the premises licence referred to above please give the reasons why not.


SUMMARY ENCLOSED REST OF LICENCE LOST

- I have made or enclosed payment of the fee (£23)
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the original premises licence and summary
- I have sent a copy of this application, a copy of the consent form of the existing Premises Licence Holder to transfer and a photocopy of the Premises Licence to the Chief Officer of Police today
- I understand that if I do not comply with the above requirements my application will be rejected

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** (see note 2)

**Signature of applicant or applicant’s solicitor or other duly authorised agent.** (See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signed	
Print Name	NICHOLAS JOHN LOWE
Capacity	OWNER
Date	22ND OCT 2014

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other duly authorised agent.** (See guidance note 4) **If signing on behalf of the applicant please state in what capacity.**

Signed	
Print Name	
Capacity	
Date	

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 5)

Name										
Address										
	Post Code									
Telephone Number					Mobile Number					
E-mail Address										

**Notes for Guidance**

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information, which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, either both applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.



**Lancashire  
Constabulary**

police and communities together

**In order to assist with your application under the licensing Act 2003,  
Lancashire Constabulary ask if you could provide the following  
information, which is offered on a voluntary basis, to speed up the  
application process.**

**Full Name (inc any previous names)**

NICHOLAS JOHN LOWE

**Date AND place of birth**

13/12/1966 MANCHESTER.

**Contact telephone number**

- Day ..... 07578 044262 .....
- Evening.. 01253 283447 .....
- Mobile... 07578 044262 .....

**Thanking you in anticipation**



### Company Details

Name & Registered Office:

**N & P PUBS LIMITED**

21 CAUNCE STREET

BLACKPOOL

LANCASHIRE

UNITED KINGDOM

FY1 3LA

**Company No. 09076372**

**Status:** Active

**Date of Incorporation:** 09/06/2014

**Country of Origin:** United Kingdom

**Company Type:** Private Limited Company

**Nature of Business (SIC):**

None Supplied

**Accounting Reference Date:** 30/06

**Last Accounts Made Up To:** (NO ACCOUNTS FILED)

**Next Accounts Due:** 09/03/2016

**Last Return Made Up To:**

**Next Return Due:** 07/07/2015

**Mortgage: Number of charges:** ( 0 outstanding / 0 satisfied / 0 part satisfied )

**Previous Names:**

No previous name information has been recorded over the last 20 years.

#### **UK Establishment Details**

There are no UK Establishments associated with this company.

#### **Overseas Company Info**

There are no Overseas Details associated with this company.



# Blackpool Council

22 OCT 2014

## CONSENT OF PREMISES LICENCE HOLDER TO TRANSFER

**Applicant(s) Name:**

N+P PUBS LTD

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
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# SCHEDULE 11

## Form of Consent of Premises Licence Holder to transfer


<b>Full Name and Title of Current Premises Licence holder:</b>
TANGORWE TAUGREN LTD

<b>Premises Licence Number:</b>
PL 1969

<b>Name and Address of Premises to which the transfer relates:</b>
TANGORWE TAUGREN 3-5 St Annes Rd Buckpool FY4 2AN

<b>Full name of transferee:</b>
N+P PUBS LTD

I hereby give my consent for the transfer of the above premises licence number to the above named transferee.

<b>Signed:</b>	
<b>Name:</b>	P T Flynn DBS.
<b>Date:</b>	20/10/14.