

SCHEDULE 1

Regulation 9

**Notification of an interest in premises under section 178 of 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..... hereby gives/give notice of my/our interest in the
(insert name(s) of notifier)
premises identified below for the purposes of section 178 of the Licensing Act 2003

Part 1 – Premises details

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

Name of applicant for, or holder of, premises licence or club applying for, or holding, club premises certificate (if known)
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Premises licence/club premises certificate number (if known)

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Part 2 – Details of my/our interest in the premises

Please tick ✓ YES

I/we

- (a) have a legal interest in the premises as freeholder or leaseholder
- (b) am/are the legal mortgagee in respect of the premises (within the meaning of the Law of Property Act 1925)
- (c) am/are in occupation of the premises

Please tick ✓ YES

I/we are

- (a) individual(s) please complete section (A)
- (b) a company please complete section (B)
- (c) a partnership please complete section (B)
- (d) an unincorporated association please complete section (B)
- (e) other (for example, a statutory corporation) please complete section (B)

(A) DETAILS INDIVIDUAL

Mr Mrs Miss Ms Other title (eg Rev)

Surname	First names
Current postal address if different from premises address	
Post town	Post code
Contact telephone number in working hours (if any)	E-mail address (optional)

DETAILS OF SECOND INDIVIDUAL IF APPLICABLE

Mr Mrs Miss Ms Other title (eg Rev)

Surname	First names
Current postal address if different from premises address	
Post town	Post code
Contact telephone number in working hours (if any)	E-mail address (optional)

(B) DETAILS OF NON-INDIVIDUAL

Please provide name and registered address of notifier 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.

Name
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

I have made or enclosed payment of the fee Please tick ✓ YES

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 3 – Signatures (please read guidance note 1)

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

Signature

Date

Capacity

