

**Application to transfer premises licence to be granted under 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** **RIPPINGALE PROMOTIONS LTD**

*(Insert name of applicant)*

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

**Premises licence number**

**R&BBC 08/02292/LAPREM**

**Part 1 – Premises details**

**Postal address of premises or, if none, ordnance survey map reference or description**  
**THE ADMIRAL INN, 109A NUTLEY LANE,**

**Post town** **REIGATE**

**Post code** **RH2 9EF**

**Telephone number at premises (if any)** **01737 233 900**

**Please give a brief description of the premises**  
**PUBLIC HOUSE**

**Name of current premises licence holder**  
**SWIFT INNS LTD**

**Part 2 - Applicant details**

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

Please tick ☒ yes

a) an individual or individuals\*

☐ please complete section (A)

b) a person other than an individual \*

i. as a limited company

☒ please complete section (B)

ii. as a partnership

☐ please complete section (B)

iii. as an unincorporated association or

☐ please complete section (B)

- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in respect of an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

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

Please tick ☒ yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐
- I am making the application pursuant to a
  - statutory function or ☐
  - a function discharged by virtue of Her Majesty's prerogative ☐

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

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title   
(for example, Rev)

**Surname**

**First names**

**I am 18 years old or over**

Please tick ☒ yes  
☐

**Current postal  
address if  
different from  
premises  
address**

**Post town**

**Post code**

**Daytime contact telephone number**

**E-mail address  
(optional)**

**SECOND INDIVIDUAL APPLICANT** (fill in as applicable)

**Mr**

☐

**Mrs**

☐

**Miss**

☐

**Ms**

☐

**Other title**

(for example, Rev)

**Surname**

**First names**

**I am 18 years old or over**

Please tick ☒ yes

☐

**Current postal  
address if  
different from  
premises  
address**

**Post town**

**Post code**

**Daytime contact telephone number**

**E-mail address  
(optional)**

**(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.

**Name**

**RIPPINGALE PROMOTION LTD**

Address  UNIT G, THE COURTYARD, DOVERS FARM, LONESOME LANE, REIGATE, RH2 7QT
Registered number (where applicable) <b>04127005</b>
Description of applicant (for example partnership, company, unincorporated association etc.) <b>LIMITED COMPANY</b>
Telephone number (if any) 01737 233 900
E-mail address (optional)

**Part 3**

Please tick ☒ yes

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

☐

Do you wish the transfer to have immediate effect?

☒

If not when would you like the transfer to take effect?

Day	Month	Year	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick ☒ yes

I have enclosed the consent form signed by the existing premises licence holder

☒

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?

Please tick ☒ yes

If this application is 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)

Please tick ☒ yes

I have enclosed the premises licence



If you have not enclosed premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee
- 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 premises licence or relevant part of it or explanation
- I have sent a copy of this application 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** (please read guidance 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.**

Signature

*[Handwritten Signature]*

Date

3/10/12

Capacity

Co. SECRETARY

**For joint applicants signature of second applicant, second applicant's solicitor or other authorised agent** (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

N/A.

Date

.....

Capacity

.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5) IAN HALLIDAY UNIT G, THE COURTYARD, DOVERS FARM, LONESOME LANE,	
<b>Post town</b> REIGATE	<b>Post Code</b> RH2 9EF
<b>Telephone number (if any)</b> 01737 233 900	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> SWIFTDRINKS@BTCONNECT.COM	

#### 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, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

### Consent of premises licence holder to transfer

I/we SWIFT INNS LTD

*[full name of premises licence holder(s)]*

the premises licence holder of premises licence number R&BBC 08/02292/LAPREM

*[insert premises licence number]*

relating to

THE ADMIRAL INN, 109A NUTLEY LANE, REIGATE RH2 9EF

*[name and address of premises to which the application relates]*

hereby give my consent for the transfer of premises licence number

R&BBC 08/02292/LAPREM

*[insert premises licence number]*

to

RIPPINGALE PROMOTIONS LTD

*[full name of transferee].*

signed



name  
(please print)

IAN HALLIDAY

dated

4/10/12