



## Notification of an interest in premises

Please read the accompanying notes (at the end of this form) as you complete it.

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 .....  
(insert name of notifier)

hereby give notice of my/our interest in the 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 'what3words' reference or description

Post town

Postcode

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

Premises licence or club premises certificate number (if known):

32UH...

## Part 2 – details of my/our interest in the premises

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

I am / we are:

- a) an 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 (e.g. a statutory corporation) please complete section **(B)**

### (A) DETAILS OF INDIVIDUAL NOTICE GIVERS *(fill in as applicable)*

Mr	Mrs	Miss	Ms	Other <i>(please state)</i>
Surname:				
Forenames:				
Your date of birth	Day:	Month:	Year:	
Nationality:				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service <i>(see note 6 for information)</i>				
Current <b>residential</b> address <i>(if different from premises address)</i>				
Post town:			Postcode:	
Phone number:				
Email address:				

**DETAILS OF SECOND INDIVIDUAL NOTICE GIVER** *(if applicable)*

Mr	Mrs	Miss	Ms	Other <i>(please state)</i>
Surname:				
Forenames:				
Your date of birth	Day:	Month:	Year:	
Nationality:				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service <i>(see note 6 for information)</i>				
Current <b>residential</b> address <i>(if different from premises address)</i>				
Post town:		Postcode:		
Phone number:				
Email address:				

**(B) NON-INDIVIDUAL NOTICE GIVER**

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.

Company or organisation name
Company or organisation registered address*
Registered number <i>(where applicable)</i>

*continues on next page*

Description of applicant (e.g. partnership, company, unincorporated association etc.)
Company or organisation phone number (if any)
Company or organisation email address (if any)

\* the registered address will be used to send annual fee reminder letters – if this is not an operational address please give alternative details below for us to set up as the correspondence address.

Correspondence address for the company or organisation

**Checklist**

Please tick yes

- I have made or enclose payment of the £21 fee (see page 6)

**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 notification**

**Part 3 - signatures (see note 1)**

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

Signature		If unable to provide a digital signature please type name to the right:	
Date			
Capacity			

For joint notifiers - signature of second notifier, second notifier's solicitor or other authorised agent (see note 3). If signing on behalf of the notifier please state in what capacity.

Signature		If unable to provide a digital signature please type name to the right:	
Date			
Capacity			

Contact name and address for <b>correspondence</b> associated with this application (see note 4)			
Post town		Postcode	
Phone number:			
Mobile number:			
Email address:			

**Notes**

1. The form must be signed.
2. A notifier's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notifier, both notifiers or their respective agents must sign the form.
4. This is the address which we shall use to correspond with you about this notification and if a change is made to the register.

If you wish to request an acknowledgement of receipt please email [licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk) for written confirmation.

Information on the Licensing Act 2003 is available on [www.legislation.gov.uk](http://www.legislation.gov.uk) or from West Lindsey District Council via [licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk) or 01427 676676

**Please return this form with the fee of £21\* to:**

[licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk)

\* Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6) or in person at the address above. If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the details below:

**Account name:** West Lindsey District Council

**Sort code:** 30-00-02

**Account number:** 04066818

**Ref:** (the premises licence/club certificate number which starts 32UH...)

**Amount:** £21

*For office use: payment code 6007-40101-41162*

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**If submitting your application by post, this form must be sent to:**

Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

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**Privacy Notice:** We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: [www.west-lindsey.gov.uk/licensing-privacy/](http://www.west-lindsey.gov.uk/licensing-privacy/)

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.west-lindsey.gov.uk/fairprocessingnotice](http://www.west-lindsey.gov.uk/fairprocessingnotice) or contact the finance department on, 01427 676560 or email [FinanceTeam@west-lindsey.gov.uk](mailto:FinanceTeam@west-lindsey.gov.uk)