



OFFICE USE ONLY

Additional Information for the Transfer of an Entertainments Licence

You will need to complete this form as well as **Form EL-1**. If you need any help filling in this form call us on **028 9027 0650** or come into our office.

I. About the premises and existing licence

Premises/location name: _____

Address and postcode: _____

Do you (the applicant):

own or intend to own the premises

lease or intend to lease the premises

other (please specify) _____

If you don't own the premises/location please provide name and address of the owner

Name of owner: _____

Address and postcode of owner: _____

Tell us the date you propose to take over the premises

Are you aware of the terms and conditions of the existing Entertainments Licence?

Yes

No

If **'No'** you must make yourself familiar with these. Awareness of these conditions is crucial to the safe management of an entertainment venue.

2. Company/Partnership details

Tick if this application is being made by a Limited Company or a Partnership

Limited Company

Partnership

If the application is being made by a **Limited Company** tell us:

Company name: _____

Company Registration No.: _____

Provide details for each company Director or Partner

(continue on a separate sheet if necessary)

Name/s: _____

Date of birth: _____

Home address and postcode: _____

Name/s: _____

Date of birth: _____

Home address and postcode: _____

3. Management of the premises

Who will be responsible for the day-to-day management of the premises?

(please give us details of every person who will be responsible – continue on separate sheet if necessary)

First name/s: _____

Last name: _____

Position to be held: _____

Phone number: _____

Email address: _____

Don't use e-mail

(When appropriate, e-mail is our preferred means of contact)

Is the above person 18 years of age?

Yes

No

(you must be at least 18 years old to be responsible for the day-to-day management of a venue with an Entertainments Licence)

First name/s: _____

Last name: _____

Position to be held: _____

Phone number: _____

Email address: _____

Don't use e-mail

(When appropriate, e-mail is our preferred means of contact)

Is the above person 18 years of age?

Yes

No

(you must be at least 18 years old to be responsible for the day-to-day management of a venue with an Entertainments Licence)

4. Details of previous or existing Entertainment Licences held

If you (the applicant) hold or have held an entertainments licence before please complete the following

(continue on separate sheet if necessary)

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

Premise/location name: _____

Address: _____

Name of Council that issued the licence: _____

Length of time you held licence: _____ years

Date range: From _____ To _____

5. Declaration

I am/we are providing this information in addition to that given on **Form EL-I** and that the information I/we have given in this form is correct and complete

Name of applicant (print) _____

Signature of applicant: _____

Date: _____

Note: For details of how we will use information about you see our privacy notice on the Entertainments Licence Application Form EL-I and corporate information about privacy and GDPR can be found at: www.belfastcity.gov.uk/privacy.

**Please submit this form along with a completed
Entertainments Licence Application Form EL-I**

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www.belfastcity.gov.uk/apply