

# LIQUOR LICENCE APPLICATION DESIGNATED OFFICIAL

## PART 1

| SUMMARY DETAILS OF APPLICATION  |                               |    |
|---|-------------------------------|----|
| Proposed Court's Date<br><i>(if known or as advised by Licensing Officer)</i>                         |                               |    |
| Application Type  | Change of Designated Official |    |
| Name of Licensee / Corporate or Unincorporated Body   |                               |    |
| Name of the current Designated Official   |                               |    |
| Category of Licence currently held  |                               |    |
| Under 18's Permit<br><i>(please circle the correct answer)</i>  | Yes                           | No |
| Name of Licensed Premises   |                               |    |
| Address of the Premises   |                               |    |
| Postcode  |                               |    |
| Premises previously known as (to be completed if the premises name has changed in the last 12 months) |                               |    |
| Contact Details of the Premises<br>Tel:   |                               |    |
| Fax:  |                               |    |
| Email:  |                               |    |

**COPY OF THIS APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS NEEDS TO BE SENT TO THE CONSTABLES OF THE PARISH.**

| <b>LICENSEE DETAILS</b>  |  |
|--|--|
| Name of the Licensee   |  |
| Name of the organisation   |  |
| Address  |  |
| Postcode   |  |
| Name of Contact  |  |
| Contact details:<br>Tel:<br><br>Fax<br><br>Mobile:<br><br>Email: |  |

The following details must be completed in respect of the Licensee, or where the Licensee is a Corporate body the Designated Official (even if the applicant is already holding a Licence you must complete this form and the next page)

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| Surname  |  |  |  |  |  |    |  |
| Full Forenames   |  |  |  |  |  |    |  |
| Title Please tick  |  |  |  |  |  |    |  |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state).....   |  |  |  |  |  |    |  |
| Previous Names (if applicable, please enter details of any previous names or maiden names)   |  |  |  |  |  |    |  |
| Date of Birth  |  |  |  | Place of Birth   |  |    |  |
| Guernsey Address:  |  |  |  | Previous address if you have been living in Guernsey for less than three months: |  |    |  |
| Postcode   |  |  |  | Postcode   |  |    |  |
| Contact details:   |  |  |  |  |  |    |  |
| Tel:   |  |  |  |  |  |    |  |
| Mobile:  |  |  |  |  |  |    |  |
| Fax:   |  |  |  |  |  |    |  |
| Email: (this email address will be used for information mailing)   |  |  |  |  |  |    |  |
| <b>Your Licensing Qualifications</b>   |  |  |  |  |  |    |  |
| Under the Liquor Licensing Ordinance, 2006 the Licensee or Designated Official should attend the Drug and Alcohol Strategy test at the Home Department. If you have not attended a test yet, please contact the Home Department. |  |  |  |  |  |    |  |
| Have you passed the DAS Test<br><i>(please delete the inappropriate answer)</i>  |  |  |  | Yes  |  | No |  |
| Please indicate any other type of licensing qualification/training you have (indicate name of qualification, date of issue and issuing body)   |  |  |  |  |  |    |  |
| Previous or outstanding applications for a Liquor Licence<br><i>You may only hold one Liquor Licence at a time</i>   |  |  |  |  |  |    |  |
| Do you currently hold a Liquor Licence <i>(please circle the correct answer)</i>   |  |  |  | Yes  |  | No |  |
| Has any Liquor Licence held by you been revoked <i>(please circle the correct answer)</i>  |  |  |  | Yes  |  | No |  |
| Provide details of your residential qualifications – right to work, housing licence (you are required to provide a copy of this document)  |  |  |  |  |  |    |  |

| CURRICULUM VITAE                                  |                   |           |
|---|-------------------|-----------|
| EDUCATION<br><br>(Please specify Dates and Place) | Primary School    |           |
|   | Secondary School  |           |
|   | Further Education |           |
| EMPLOYMENT HISTORY                                |                   |           |
| Date  | Company           | Job Title |
|   |                   |           |

*Please complete this section with your full education and employment details. This information will be included into the final report submitted to Court, so make sure the information are accurate and are in dates order. Alternatively, enclose a detailed CV.*

REFERENCES – Give details of two people who agreed to act as referees for you  
 Do you agree to your referees being contacted at this time? Yes No

**The Royal Court requires referees to be independent; this means that they must not be an employer, line manager or employee in the same organisation or a family member. Your referees must have known you for 2 years or more.**

| Reference 1                         |        |                |  |
|-------------------------------------|--------|----------------|--|
| Surname                             |        |                |  |
| Maiden Name (if applicable)         |        |                |  |
| Full Forename                       |        |                |  |
| Date of Birth                       |        | Place of Birth |  |
| Address                             |        |                |  |
| Postcode                            |        |                |  |
| Contact details                     | Email: |                |  |
| Home Tel:                           |        |                |  |
| Work Tel:                           |        |                |  |
| Mobile:                             |        |                |  |
| Capacity in which Referee knows you |        |                |  |

| Reference 2                         |        |                |  |
|-------------------------------------|--------|----------------|--|
| Surname                             |        |                |  |
| Maiden Name (if applicable)         |        |                |  |
| Full Forename                       |        |                |  |
| Date of Birth                       |        | Place of Birth |  |
| Address                             |        |                |  |
| Postcode                            |        |                |  |
| Contact details                     | Email: |                |  |
| Home Tel:                           |        |                |  |
| Work Tel:                           |        |                |  |
| Mobile:                             |        |                |  |
| Capacity in which Referee knows you |        |                |  |

**You must provide a postal or email address for both your referees.**

**PART 4**

**Enclosed Documents:**

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Copy of any licensing qualification (Local, UK &amp; Foreign)</li> <li>• Two photographs of the applicant</li> <li>• Copy of passport</li> <li>• Copy of Police check certificate (<i>produced within 3 month preceding this application</i>)</li> <li>• Copy of Designated Official's Right to Work document</li> <li>• Copy of Boarding Permit or Residential Home Licence (when required)</li> <li>• Payment of the application's fee (refer to Fourth Schedule of the Liquor Licensing Ordinance, 2006) <i>Cheques to be made payable to the States of Guernsey</i></li> </ul> |  |
|   |  |
|   |  |
|   |  |
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|   |  |

**DECLARATION**

**The information contained in this form is correct to the best of my knowledge and belief**

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of documentation that contains a false statement. To do so could result in prosecution.

|           |  |      |  |
|-----------|--|------|--|
| SIGNATURE |  | Date |  |
|-----------|--|------|--|

**Please send the completed form to:**

The Office of the Committee for Home Affairs  
 Sir Charles Frossard House  
 La Charroterie  
 St Peter Port  
 GY1 1FH

**COPY OF THIS APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS NEEDS TO BE SENT TO THE CONSTABLES OF THE PARISH.**

In order for your application to be processed, the Office *of the* Committee *for* Home Affairs will process the personal information submitted on this form. The information that you supply on this form will be shared with the **Guernsey Royal Court** in preparation for the Royal Court to consider your application. We may share your information with other relevant agencies as may be required in order complete the application process. The Office *of the* Committee *for* Home Affairs acknowledges its obligations under the Data Protection Law, 2018. Further information about how your personal data is used can be found online at [www.gov.gg/DP](http://www.gov.gg/DP)