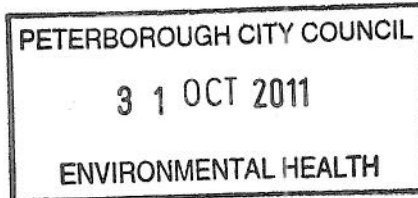


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L6



**Peterborough City Council, Licensing Section, Bridge House,
Town Bridge, Peterborough, PE1 1HU**

**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 THE VOYAGER ACADEMY (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

052828

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description THE VOYAGER ACADEMY MOUNT STEVEN AVENUE WALTON	
Post town PETERBOROUGH	Post code PE4 6HX
Telephone number at premises (if any) 01733 383888	

Please give a brief description of the premises

EDUCATIONAL ESTABLISHMENT

Name of current premises licence holder

MR HUGH HOWE

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* | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | <input type="checkbox"/> | |
| | i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| | ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| | iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| | iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |
| e) | the proprietor of an educational establishment | <input checked="" type="checkbox"/> | please complete section (B) |
| f) | a health service body | <input type="checkbox"/> | please complete section (B) |
| g) | an individual who is registered under Part 2 of the please complete section (B) Care Standards Act 2000 (c14) in respect of an independent hospital | <input type="checkbox"/> | please complete section (B) |
| h) | the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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

Postcode

Daytime contact telephone number

**E-mail address
(optional)**

SECOND INDIVIDUAL APPLICANT (if 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

Postcode

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	THE VOYAGER ACADEMY
Address	MOUNTSTEVEN AVENUE WALTON PETERBOROUGH PE4 6HX.
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	EDUCATIONAL ESTABLISHMENT.
Telephone number, if any	01733 383888
E-mail (optional)	pat.dale@thevoyager.co.uk.

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

--	--	--	--	--	--	--	--

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 to obtain the consent?

Mr Hugh Howe, the former headteacher, left the Academy over 1 year ago and we are unable to contact him for his 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.

- 1 I have made or enclosed payment of the fee ☒
- 2 I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed ☒
- 3 I have enclosed the premises licence or relevant part of it or explanation ☒
- 4 I have sent a copy of this application to the chief officer of police today ☒
- 5 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 2). If signing on behalf of the applicant please state in what capacity.

✓

Signature

.....

Date

Capacity

.....

For authorised agent, please read guidance note 11. If signing on behalf of the applicant please state in what capacity.

Signature

.....

Date.....

Capacity

.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) PAT DALE ACTING FINANCE MANAGER THE VOYAGER ACADEMY MOUNT STEVEN AVENUE WALTON,	
Post town PETERBOROUGH	Post code PE4 6HX
Telephone number (if any) 01733 383888	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) pat.dale@thevoyager.co.uk	

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.