



SUMMARY COURT

Application for Justices' Off-Licence

Schedule 2 Licensing Ordinance 1994

Applicants Full Name:	
Applicants Contact details: <i>(please include address and telephone number)</i>	
Applicants Occupation:	
Applicants Date of Birth:	
Address of Premises:	
Name of Premises:	
Owner of Premises: <i>(Please include contact details for the owner of the premises and a telephone number)</i>	
PLEASE INDICATE WHAT TYPES OF INTOXICATING LIQUOR YOU ARE APPLYING FOR AUTHORIZATION TO SELL:	
Intoxicating Liquor of all descriptions	
Beer, Cider and Wine only	

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Please tick as appropriate:

1. Are you an Officer of the Supreme Court?	YES	NO
2. Are you undischarged bankrupt?	YES	NO
3. Have you ever been sentenced to a period of imprisonment exceeding 12 months by any court of competent jurisdiction in the commonwealth?	YES	NO
<i>If "YES" please provide an outline of the offence and the sentencing Court.</i>		
4. Have you, in the past 12 months, been the subject of a Prohibition Order?	YES	NO
5. Have you enclosed with your application a copy of the plan of the premises with the proposed area subject to this application?	YES	NO
6. Are you of sound mind?	YES	NO

TO THE CLERK OF THE SUMMARY COURT:

I am the aforementioned applicant. I am writing to nominate a date not less than four weeks and not more than five weeks after the date of this application for a hearing regarding my application for a Justices' Off-Licence.

I confirm that at least 21 days prior to the hearing date I will give notice of this application and a copy of the premises plan to;

- 1) The Chief Police Officer and,
- 2) The Government Secretary and,
- 3) The Chief Fire Officer

And confirm that I will return the Certificate of Service to the Clerk of the Summary Court.

I confirm that this application will be displayed for at least 7 days on or near the premises where it can conveniently be read by the public.

I confirm that notice of this application will be circulated in a newspaper circulating in the Falkland Islands between 14 and 28 days before the hearing date.

I understand that failure to comply with these requirements may lead to my application failing.

I enclose the specified application fee.

I DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE.

SIGNED:

DATED: