

For Office Use: Date Received

McMullen & Sons, Limited

The Hertford Brewery
26 Old Cross, Hertford
Hertfordshire SG14 1RD
Telephone: 01992 584911



APPLICATION FOR A PUBLIC HOUSE LEASE

Please read this form carefully before commencing your replies. Both applicant and partner should complete the relevant parts of this form in their own handwriting using **block capitals**. ALL questions should be answered clearly and fully and if necessary on a continuation sheet. Please reply "N/A" (Not Applicable) to any inappropriate sections of the form. All information given will be treated as strictly confidential and no approach will be made to your present or any previous employer without your consent.

1. If you have a particular public house in mind, please state which: -

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICANT

SURNAME _____

MAIDEN NAME
(where applicable) _____

FIRST NAMES _____

PRESENT HOME ADDRESS _____

HOME TEL. NO _____ MOBILE _____

EMAIL _____

PARTNER

SURNAME _____

MAIDEN NAME
(where applicable) _____

FIRST NAMES _____

PRESENT HOME ADDRESS _____

HOME TEL. NO _____ MOBILE _____

EMAIL _____

Essential

Please attach recent
'Passport Type' coloured
photograph in this space

Please attach a recent
'Passport Type' coloured
photograph when
submitting your
application.

Please attach a recent
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application.

2. PERSONAL DETAILS	APPLICANT	PARTNER
a) Date of birth and age:		
b) Town and Country of birth:		
c) Nationality:		
d) National Insurance Number:		
e) Marital Status:		
f) If married, date of marriage:		
g) How long have you resided at your present address:		
h) Is this property owned by you or rented:		

i) Please give details of previous home address(es) to cover the last 10 years (including dates):

APPLICANT	PARTNER
DATES: ADDRESS:	DATES: ADDRESS:
DATES: ADDRESS:	DATES: ADDRESS:
DATES: ADDRESS:	DATES: ADDRESS:

i) Do you hold a current driving licence? (If YES please give driving licence number):

j) Do you own a car?	

k) CONVICTIONS/CHARGES PENDING

These need not necessarily prevent you from holding a licence. Please give full details of ALL convictions (however long ago), or pending charges, for either of you (including motor offences).

	Court	Offence	Date	Penalty/Sentence
APPLICANT				
PARTNER				

NOTE: The Police Authority are required to provide an independent report to the Licensing Bench on all applicants for Justices' On Licences. In so doing they are entitled to rely on convictions which would otherwise be spent.

l) CHILDREN AND/OR OTHER DEPENDANTS

Surname	First Names	Gender	Age	Relationship	Living with you

Should you have more than 4 dependants please enclose details on a separate sheet of paper

m) Number of Public House bedrooms required for Applicant/Partner & Dependants:

n) **WILL ANY OF YOUR FAMILY ASSIST YOU IN THE BUSINESS?**

If YES please give names, ages and relationship:

NAME AND ADDRESS	AGE	RELATIONSHIP

If necessary, please include further details on a separate sheet of paper

3. ADDITIONAL PERSONAL DETAILS

APPLICANT	PARTNER
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d) Name and address of your own doctor:

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c) Please give details of time lost through illness in the last three years:

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e) Do you, your partner, any of your children or any other dependants suffer from any illness, disability or complaint?
If YES please give details:

f) Are you registered disabled? (If YES please give detailS):

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4. FINANCIAL INFORMATION

How much are you prepared to invest in a Licensed house business? Please note that this finance must be available at the time the public house is taken over and proof will be asked for at interview. It is, therefore, important that you specify the source of your available cash and the timing required in order to release it.

	APPLICANT	PARTNER
a) How much of the money available is your own:	%	%
b) To whom is the balance owed:		
c) Please specify likely ongoing financial commitments e.g. mortgage repayments / maintenance etc:		
APPLICANT	PARTNER	

5. BANKERS - Please give the name and address of your bank:

APPLICANT	PARTNER
Name:	Name:
Address :	Address :
Bank Sort Code:	Bank Sort Code:
Account Number:	Account Number:

Have either of you ever been declared bankrupt or been the subject of legal proceedings for debt?

If bankrupt state date of discharge:

6. EDUCATION AND TRAINING

APPLICANT	PARTNER
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a) Please give details of qualifications gained (if any) including dates:

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b) Does either applicant hold any of the following qualifications?

	APPLICANT	PARTNER
National Certificate for Personal Licence Holders (NCPLH)	<input type="text"/>	<input type="text"/>
BIIAB Advanced Qualifications	<input type="text"/>	<input type="text"/>
BIIAB National Certificate in Licenced Retailing	<input type="text"/>	<input type="text"/>
BIIAB National Certificate for Licencees	<input type="text"/>	<input type="text"/>
Food Hygiene Certificate	<input type="text"/>	<input type="text"/>
BIIAB Award for Beer and Cellar Quality	<input type="text"/>	<input type="text"/>

c) Catering Qualifications (eg GNVQs): Please give details of any other qualification/training that may be relevant and any specific skills that you could contribute to the successful running of a Public House. Please give dates in each case:

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d) Please give details of your interests outside your work e.g. clubs, sports and leisure activities. Please state the nature of your involvement e.g. participant, spectator, organiser:

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7. PREFERRED TYPE OF PUBLIC HOUSE

a) From the list below, please indicate the type of business you would feel most comfortable running:

Town Centre: Food offered during the day for shoppers and office workers; often on circuit for younger trade in evenings.

Suburban/Local Village: Used by both locals and passing trade, providing a significant food offer and often pub games.

Traditional Community Local: Mainly walked to by local regular trade, little or no food. Pub games are a feature.

Rural Character: Drive to destination pub, classic "country style", with a major food trade; often with beer garden; may have a restaurant.

Young Person's Venue: Probably on a circuit; featuring live bands, discos, music; no significant food offering.

b) How soon would you and your partner be able to move into and take-over a Public House?

8. LICENSED TRADE EXPERIENCE including catering, both full and part-time (start with present/most recent)

DATES FROM/TO	NAME AND ADDRESS OF LICENSED PREMISES	POSITION HELD (PLEASE STATE FULL/PART TIME)	MAIN DUTIES	REASON FOR LEAVING
APPLICANT				

PARTNER				
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9. OTHER LICENSED TRADE INFORMATION

Please give any other information which might be of assistance in considering your application (e.g. reasons for change in career, reasons for wishing to enter the Licensed Trade, or why you believe you will be successful in the Trade). If you are currently a Licensee, please describe your present premises and state what you have done to improve your turnover:

APPLICANT	PARTNER

10. PREVIOUS/PRESENT FULL TIME EMPLOYMENT SINCE LEAVING SCHOOL (IF DIFFERENT TO SECTION 5)

Start with first job after leaving school and end with present/most recent employment

DATES FROM/TO		NAME, ADDRESS AND BUSINESS OF EMPLOYER	POSITION HELD AND SALARY/PAY	MAIN DUTIES	REASON FOR LEAVING
APPLICANT FROM TO					
PARTNER FROM TO					

11. REFERENCES

Please state from whom references may be obtained at your two most recent employers and give the name of one professional referee where possible e.g. GP known for at least three years. If self-employed give details of suppliers with whom you have had regular business dealings. Referees must not be relatives.

Please indicate clearly with a tick any referees you would permit us to contact at this stage.

APPLICANT'S REFEREES	PARTNER'S REFEREES
(a) Name: Address: How Long Known: Occupation: Telephone No.	(a) Name: Address: How Long Known: Occupation: Telephone No.
(b) Name: Address: How Long Known: Occupation: Telephone No.	(b) Name: Address: How Long Known: Occupation: Telephone No.
(c) Name: Address: How Long Known: Occupation: Telephone No.	(c) Name: Address: How Long Known: Occupation: Telephone No.

12. OTHER INFORMATION

	APPLICANT	PARTNER
a) Have you made any previous application to the Company for any licensed premises or other position or job? If YES please give details including approximate date:		
(b) Have you at any time been employed by or had any business relationship with this Company or with any McMullen Public House? If YES please give details:		
(c) Have you any relatives in the Licensed Trade? If YES please give details:		
(d) Have you any relatives or friends who are currently employed by this Company or any Licensee of this Company? If YES please give details:		
(e) Do you have any current applications for other businesses or employment?		
(f) How were you introduced to this Company? If your application is the result of an advertisement, Please give details of the advertisement..		

13. DECLARATION

I/We confirm that the information given in this application is correct to the best of my/our knowledge and that I/we have not withheld any material facts. I/We understand that any incorrect information or withholding of material facts will lead to withdrawal of any offer made to me/us and that the information given shall be held to form part of any subsequent agreement with the Company.

I/We also confirm that except as disclosed herein all money available for investment in the licensed house business is our own and none of it is borrowed or guaranteed by a third party and that no other person will have any interest in the licensed house business if the Company offers the lease of a public house to me/us.

I/We also confirm that I/we know of no reason why the Licensing Justices should refuse the grant of a Justices' On Licence to me/us.

SIGNED: **(Applicant)** _____ **(Partner)** _____

Date: _____

THANK YOU FOR COMPLETING THIS DOCUMENT