



# Business Partner Application Form

**Please complete this form and return to:**  
 Business Partnerships Recruitment  
 The Brewery  
 Blandford St Mary  
 Dorset  
 DT11 9LS  
 Telephone: 01258 486093

APPLICANT DETAILS	PARTNER DETAILS
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Mr  Mrs  Miss  Other  \_\_\_\_\_      Mr  Mrs  Miss  Other  \_\_\_\_\_

Full name	Full name
Address	Address
Postcode	Postcode
Time at this address: If less than 3 years, we may need to contact you for previous address details	Time at this address: If less than 3 years, we may need to contact you for previous address details
Tel Home:	Tel Home:
Tel Work:	Tel Work:
Mobile:	Mobile:
Email address:	Email address:
Date of birth:	Date of birth:
Place of birth:	Place of birth:
National Insurance Number:	National Insurance Number:
Partner (relationship):	Partner (relationship):
Dependants, if any: please give details	Dependants, if any: please give details
Health: details of any serious illness over last 5 years	Health: details of any serious illness over last 5 years

Will any other member of your family be involved in the business?      Yes       No

If yes, please give details

## INVESTMENT FUNDS AVAILABLE

Please specify the source of your investment:

Immediate (Bank, Building Society) £ \_\_\_\_\_
  Asset sale (Property, Shares etc.) £ \_\_\_\_\_  
 Loan £ \_\_\_\_\_
  Other (please specify) £ \_\_\_\_\_
 Total £ \_\_\_\_\_

Please specify when capital will be available \_\_\_\_\_

## CREDIT HISTORY

Have you or your partner ever had Bankruptcy or Insolvency Proceedings taken against you? Yes  No

If made Bankrupt, have you been discharged? Yes  No

Have you or your partner ever had a County Court Judgement made against you? Yes  No

If yes, please give details

## CONVICTIONS

Do you or your partner have any criminal convictions or actions pending? Yes  No

If yes, please give details (It is important that you include any spent convictions or any current charges against you or your partner)

PRESENT EMPLOYMENT (Applicant)	PRESENT EMPLOYMENT (Partner)
Name and address of employer	Name and address of employer
Postcode	Postcode
Dates: From                      To	Dates: From                      To
Position held	Position held
Brief details of duties and responsibilities:	Brief details of duties and responsibilities:
When would you be available from?	When would you be available from?
Date	Date

**PREVIOUS CAREER HISTORY (Applicant)****PREVIOUS CAREER HISTORY (Partner)**

1. Name of Company:	1. Name of Company:
Dates: From                      To	Dates: From                      To
Position held:	Position held:
Brief details of duties and responsibilities:	Brief details of duties and responsibilities:
Reason for leaving:	Reason for leaving:

**LICENCED TRADE EXPERIENCE (Applicant)****LICENCED TRADE EXPERIENCE (Partner)**

Name of Company:	Name of Company:
Dates: From                      To	Dates: From                      To
Position held:	Position held:
Brief details of duties and responsibilities:	Brief details of duties and responsibilities:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

**QUALIFICATIONS**

Do you or your partner hold any of the following qualifications?	Applicant	Date	Partner	Date
National Certificate for Personal Licence Holders (NCPLH)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BIIAB Advanced Qualifications	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Food Hygiene Certificate	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BIIAB Award for Beer and Cellar Quality	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Catering Qualifications (eg GNVQs)
Please details any other qualifications/training that may be relevant

**PERSONAL LICENCE (Applicant)****PERSONAL LICENCE (Partner)**

Name on Licence:	Name on Licence:
Licence Number:	Licence Number:
Issuing Authority:	Issuing Authority:
Date Issued:	Date Issued:
Expiry Date:	Expiry Date:

Have you or your partner ever been refused a Justices/Personal Licence?       Yes       No

If yes, please give details

## BUSINESS STYLE

From the list below, please indicate the type of business you would feel most like to operate

- Trading Type
- Wet led – A business whose retail offer is primarily focused on the sale of drinks
- Food led - A business whose retail offer is primarily focused on the sale of food
- 50/50 - A business whose retail offer is equally focused on the sale of drinks and food
- Letting rooms
- A business with accommodation to let on a nightly basis
- Trading location
- Rural – a business located in the countryside or in a village environment
- Urban – a business located in suburban environment in close proximity to local housing
- Town Centre – a business located within the main shopping are of a town

## LOCATION

Please indicate your preferred business location – tick one or more boxes

- Berkshire  Hampshire  Somerset  Wiltshire
- Devon  Kent  Surrey  All
- Dorset  London  Sussex

Are you interested in a specific pub? \_\_\_\_\_

## SUPPLEMENTARY INFORMATION

Please add any additional information you consider would support your application

Applicant	Partner

## DECLARATION

**Applicant and Partner: I/We declare that the information on this form is correct in every respect and that I/We have not withheld any material facts. If any information is found to be incorrect or any material facts have been withheld I/We acknowledge that Hall and Woodhouse Ltd. reserves the right to withdraw any offer that may have been made. By submitting this application you are giving Hall and Woodhouse Ltd permission to take up references and undertake credit checking in relation to your application. Any offer will be conditional on satisfactory receipt of these credit checks.**

Signature of Applicant	Signature of Partner
Date	Date

