



Business Partner Application Form

Please complete this form and return to:
 Hall and Woodhouse Recruitment
 The Brewery
 Blandford St Mary
 Dorset
 DT11 (LS)
 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
Post code	Post code
Time at this address: If less than 3years we may need to contact you for previous address details	Time at this address: If less than 3years 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

Source

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)

LEISURE INTERESTS OR HOBBIES

Applicant	Partner
Membership of any Social or Sporting Associations	Membership of any Social or Sporting Associations

	You	Partner
Do you, or your partner, hold a current driving licence?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>

PRESENT EMPLOYMENT (Applicant)		PRESENT EMPLOYMENT (Partner)	
Name and address of employer		Name and address of employer	
Post code		Post code	
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 to take up a tenancy?		When would you be available to take up a tenancy?	
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	

2. Name of Company		2. 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?	You	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 whoes retail offer is primarily focused on the sale of drinks

Food led - A business whoes retail offer is primarily focused on the sale of food

50/50 - A business whoes 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

Financial Structure

Please tick one of the following boxes to indicate how you will financially structure your business:

Limited Company

Sole Trader

Partnership

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 references and credit checks.

Signature of Applicant	Signature of Partner
Date	Date