

Application by a Premises Licence holder to change name of Premises

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 or typed in black ink. Use additional sheets if necessary. You are advised to keep a copy of the completed form for your records.

1. NAME OF PREMISES LICENCE HOLDER(S)	
2. POSTAL ADDRESS OF PREMISES	
3. Details of Premises Licence Held:	
Licence No.	

4. NEW NAME OF PREMISES

Address for correspondence associated with this application (if different to the address above)	
Post town	Post code

Previous Name of Premises

5. CHECKLIST:	
	Please tick ✓ yes
<input type="checkbox"/> I have enclosed my Premises Licence	<input type="checkbox"/>
<input type="checkbox"/> I have enclosed payment of £10.50 (make cheques payable to Cornwall Council)	<input type="checkbox"/>

6.			
SIGNATURE		DATE	
SIGNATURE		DATE	