

**Notification by a Premises Licence holder of change name or address**

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.

<b>1. NAME OF PREMISES LICENCE HOLDER(S)</b>	
<b>2. POSTAL ADDRESS OF PREMISES</b>	
<b>3. Details of Premises Licence Held:</b>	
Licence No.	
<b>COMPANY REGISTRATION NUMBER</b>	

<b>4. NEW NAME AND/OR (REGISTERED) ADDRESS OF PREMISES LICENCE HOLDER. (We will use this address to correspond with you unless you complete the separate correspondence box below).</b>	
<b>Post town</b>	<b>Post code</b>
<b>NEW COMPANY REGISTRATION NUMBER (IF APPLICABLE)</b>	
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	

<b>FAX NUMBER</b>	
<b>EMAIL ADDRESS (if you would prefer us to correspond with you by email)</b>	

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

<b>Previous (Registered) Address of Holder of Premises Licence</b>	
<b>Post town</b>	<b>Post code</b>

<b>5. PLEASE COMPLETE THIS SECTION IF YOU ARE NOMINATED AS A PREMISES SUPERVISOR ON A PREMISES LICENCE</b>	
<b>Name and Address of Premises:</b>	
<b>Premises Licence No:</b>	<b>Issuing Local Authority:</b>

<b>6. CHECKLIST:</b>	
Please tick <input checked="" type="checkbox"/> 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"/>

<b>7.</b>			
<b>SIGNATURE</b>		<b>DATE</b>	
<b>SIGNATURE</b>		<b>DATE</b>	