

Notification by a Premises Supervisor 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.

1. NAME OF PREMISES	
Premises Licence No.	
2. POSTAL ADDRESS OF PREMISES	
3. Details of Personal Licence Held:	
Personal Licence No.	
Issuing Authority	
4. NEW NAME AND/OR ADDRESS (We will use this address to correspond with you unless you complete the separate correspondence box below).	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS (if you would prefer us to correspond with you by email)	

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

Previous Name and/or Address	
Post town	Post code

5. CHECKLIST:	
Please tick <input checked="" type="checkbox"/> yes	
<input type="checkbox"/> I confirm I have sent a copy of this notice to the premises licence holder	<input type="checkbox"/>

6.			
SIGNATURE		DATE	