

**Notification of change of name or address
of Designated Premises Supervisor**



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. NAME OF PREMISES LICENCE HOLDER	

4. NEW NAME AND/OR ADDRESS OF DESIGNATED PREMISES SUPERVISOR	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS	

Previous Name and/or Address of Designated Premises Supervisor	
Post town	Post code

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

5. CHECKLIST:	
	Please tick <input checked="" type="checkbox"/> yes
<input type="checkbox"/> I have enclosed the premises licence, or relevant part of it or explanation	<input type="checkbox"/>
<input type="checkbox"/> I have enclosed payment of £10.50 (make cheques payable to Cornwall Council)	<input type="checkbox"/>

6. Declaration			
<p>The information contained in this form is correct to the best of my knowledge and belief.</p> <p>It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant, renewal, change of address or copy of a premises licence. (A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement.) To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.</p> <p>Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.</p>			
SIGNATURE		DATE	
CAPACITY			

SIGNATURE		DATE	
CAPACITY			