

**NOTIFICATION OF CHANGE OF NAME OR ADDRESS OF CURRENT DESIGNATED PREMISES SUPERVISOR**

|  |  |
| --- | --- |
| **Part 1 – Premises details** | |
| Premises Licence No: | |
| Postal address of premises or, if none, ordnance survey map reference or description | |
| Post Town | Postcode |
| Telephone number at premises (if any) | |

|  |  |
| --- | --- |
| **Part 2 DESIGNATED PREMISES SUPERVISOR Details** | |
| Name | |
| Address  Personal Licence Number | |
| **Part 3 NEW DESIGNATED PREMISES SUPERVISOR Details** | |
| Name | |
| Address | |
| Post Town | Postcode |
| Telephone number | |
| Mobile number | |
| E-mail address (optional) | |

|  |  |
| --- | --- |
| **Part 4 – Checklist** | Please tick √ yes |
| * I enclose originals of both parts of the Premises Licence, appropriate part or a   statement giving the reasons why these have not been enclosed   * Required Fee of £10.50 (cheques made payable to Craven District Council) | |
| If you have not enclosed the premises licence referred to above please give the reasons why not: | |

|  |
| --- |
| **Part 5 – Signature** |
| **Signature of applicant or applicant’s solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.** |
| Signature: |
| Date |
| Capacity |