

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

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| **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) |

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

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| **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)
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| If you have not enclosed the premises licence referred to above please give the reasons why not: |

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| **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 |