

Application by a Premises Licence Holder to change the name or address of Licensed Premises

1. FULL NAME(S) OF PREMISES LICENCE HOLDER(S)
2. POSTAL ADDRESS OF PREMISES
2. TOOTAL ADDITION OF TREIMIDES
3. PREMISES LICENCE NUMBER
Address for correspondence associated with this application (if different to the
address above)
4. DETAILS OF CHANGE OF NAME/ADDRESS OF LICENSED PREMISES
4. DETAILS OF CHANGE OF NAMIL/ADDRESS OF LICENSED FREINISES
I/we
(insert full names(s))
hereby apply to change the name/address of the premises that appears on the Premises
Licence as
(insert current name/address as it appears on the licence)

to:					
to.					
(insert new name/address of business)					
	·				
5. CHECKLIST					
Please tick √ yes					
 Premises Licer 	nce (Part A) and Summary (Part B)*				
*Places note that if you are missing either part of the Premises					
*Please note that if you are missing either part of the Premises Licence you will need to request a replacement before you can apply					
	name of the Licensed Premises. F				
Licensing & Enforcement Team on (01223) 457890 or e-mail:					
licensing@cambridge.gov.uk, to be sent a copy of the relevant form					
Payment of £10.50 (cheques payable to Cambridge City Council					
6. DECLARATION					
The information contained in this form is correct to the best of my knowledge and belief.					
	gly or recklessly to make a false state nt, renewal, change of address or cop				
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.					
Our full environmental health privacy policy is available					
at https://www.cambridge.gov.uk/media/6335/environmental-health-privacy-notice.pdf					
SIGNATURE		DATE			
01011471177		D.4==			
SIGNATURE		DATE			
For official use only					
Signed application form					
Payment of £10.50 received					