

PERSONAL LICENCE

APPLICATION TO CHANGE OF PERSONAL PARTICULARS

Licensing (Scotland) Act 2005, Section 88

То:
10.
Clerk to the Licensing Board Greenfield Alloa FK10 2AD
If you are Completing this Form by Hand, Please Write Legibly in Block Capitals using BLACK INK . Please Ensure the Completed Application is Signed by the Applicant, Dated and Returned to the Above Address along with the Fee and the Original Licence or a Statement of Reasons as to why the Original Licence Cannot be Produced.
This application MUST be lodged no later then ONE MONTH after any changes to the name and address of the licence holder have taken effect.
APPLICANT INFORMATION
Question 1
Name, Address, Postcode and Licence Number.
Question 2
Is the Personal Licence Holder a nominated Premises Manager for licenced Premises in Clackmannanshire?
YES / NO
If Yes please provide details of the Premises Name, Address and Postcode.

Question 3 Please provide the new name and address details that should appear on the Personal Licence. DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT If Signing on Behalf of the Applicant Please State in What Capacity. The Contents of This Application Are True to the Best of my Knowledge and Belief. Signature* (See Note Below) Date Telephone Number and Email Address of Signatory * Data Protection Act 1998 The Information on this Form May be Held on an Electronic Public Register Which May be Available to Members of the Public on Request Clackmannanshire Lice nsing Boar d has a dut y to protect public funds that administers and may use this information for the prevention and detection of fraud. For more details, please contact the council's, Senior Auditor, on telephone number 01259 45000 Checklist

Checklist

Fee enclosed

Application signed/dated

Original Licence enclosed or a Statement of reasons for failing to produce the Licence