

Notice of theft, loss etc. of premises licence

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 may wish to keep a copy of the completed form for your records.

I/We
[insert full name(s) of premises licence holder]

Premises licence number

| |
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| |
|--|

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference, or description

| |
|--|
| |
|--|

Post town

Post code

| | |
|--|--|
| | |
|--|--|

Telephone number (if any)

| |
|--|
| |
|--|

Description of premises

| |
|--|
| |
|--|

LONDON BOROUGH OF MERTON
Merton Civic Centre, London Road, Morden, Surrey, SM4 5DX

Part 2 - Applicant details

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

| | |
|---|-------------|
| Surname | First names |
| Current postal address if different from premises address | |
| Post town | Post code |
| Daytime Contact telephone number | |
| E-mail address (optional) | |

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mr Miss Ms Other title
(for example, Rev)

| | |
|---|-------------|
| Surname | First names |
| Current postal address if different from premises address | |
| Post town | Post code |
| Daytime Contact telephone number | |
| E-mail address (optional) | |

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(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

| |
|--|
| Name |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

| | |
|--|------------------|
| Address for correspondence associated with this application (if different to the address above) | |
| Post town | Post code |
| TELEPHONE NUMBERS | |
| Daytime | |
| Evening | |
| Mobile | |
| EMAIL ADDRESS (if you would prefer us to correspond with you by email) | |

Part 3 - Premises details

| |
|---|
| Date of issue |
| Statement explaining the theft, loss etc. of your premises licence: |

| 4. CHECKLIST | |
|---|-------------------|
| I have | Please tick ✓ yes |
| • Provided a statement explaining the theft, loss etc. of your premises licence | |
| • Made or enclosed payment of the fee for the application | |

| 5. DECLARATION | | | |
|--|--|------|--|
| The Information contained in this form is correct to the best of my knowledge and belief. | | | |
| IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. | | | |
| SIGNATURE | | DATE | |
| CAPACITY | | | |
| | | | |
| SIGNATURE OF 2 nd APPLICANT (if any) | | DATE | |
| CAPACITY | | | |

NOTES

Information on the Licensing Act 2003 is available on the website of the Department of Culture, Media and Sport (<http://www.culture.gov.uk/alcoholandentertainment/default.htm> http://www.culture.gov.uk/alcohol_and_entertainment/default.htm) or from your local licensing authority.