

Notice of change of premises licence name

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)	

PREVIOUS PREMISES NAME

NEW PREMISES NAME

I have enclosed the premises licence Please tick ✓ yes

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I have enclosed the relevant part of the premises licence

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If you have not ticked one of the above boxes please fill in reasons for not including the licence, or part of it, below.

Reasons why I failed to enclose the premises licence or relevant part of premises licence

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)	

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3. CHECKLIST	
I have	Please tick ✓ yes
• Provided details of previous name of premises licence	<input type="checkbox"/>
• Made or enclosed payment of the £10.50 fee for the application	<input type="checkbox"/>
• Enclosed the original licence or relevant part of it or explanation	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

4. DECLARATION			
<p>The Information contained in this form is correct to the best of my knowledge and belief.</p> <p>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 NOTICE.</p>			
SIGNATURE		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/alcohol_and_entertainment/default.htm http://www.culture.gov.uk/alcohol_and_entertainment/default.htm) or from your local licensing authority.