

APPLICATION FOR TRANSFER OF LICENCE OF PREMISES (not food)

THE LOCAL GOVERNMENT ACT 2002

Please fill out this application form in well-spaced block letters

Details of Applicant

(Full Name or Company Name of applicant)

(Full Postal Address for Correspondence)

(email address)

Premises Details

For premises situated at: _____

Previous trading name: _____

New trading name: _____

Daytime contact person and phone number: _____

E-mail address _____

Applicant's Signature: _____

Fee:

FOR YEAR ENDING: 30TH JUNE DATED:

FOR OFFICE USE ONLY

Receipt No.

Amount:

Date:

HLT No.

Code:

GL 10 1545 1534