

Licensing Authority

Direct Line: 01623-457589

Email: licensing@ashfield.gov.uk



NOTIFICATION OF CHANGE OF NAME OR ADDRESS

PERSONAL LICENCE: LICENSING ACT 2003

Please use this form to notify us of either a change of name or a change of address or both if you are a holder of a Personal Licence issued by Ashfield District Council.

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand **PLEASE WRITE LEGIBLY IN BLOCK CAPITALS**. In all cases please ensure that your answers are inside the boxes and written or typed **IN BLACK INK**.

You must send us both parts of your Personal Licence (badge and certificate), or else make a statement as to why you cannot.

You must also send us the correct fee (£10.50 – or alternatively provide us with a contact number for us to call you to take debit/credit card payment).

1. YOUR OLD PERSONAL DETAILS (as shown on your Personal Licence)									
TITLE (Please tick)									
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please state)	
Surname									
Forename(s)									
ADDRESS (as shown on your Personal Licence)									
Post Town				Post Code					
Your Personal Licence Number									

2. YOUR NEW PERSONAL DETAILS									
TITLE (please tick)									
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please state)	
Surname									
Forename(s)									

3. YOUR NEW ADDRESS

YOUR NEW ADDRESS (WHERE YOU ORDINARILY LIVE – SEE NOTE 2).

We will use this address to correspond with you unless you complete the separate correspondence box below.

Post Town		Post Code	
------------------	--	------------------	--

CONTACT DETAILS

DAYTIME TEL. NO.	
------------------	--

EVENING TEL. NO.	
------------------	--

MOBILE TEL. NO.	
-----------------	--

EMAIL ADDRESS	
---------------	--

4. ADDRESS FOR CORRESPONDENCE ASSOCIATED WITH THIS APPLICATION (if different to the new address given above)

Post Town		Post Code	
------------------	--	------------------	--

CONTACT DETAILS

DAYTIME TEL. NO.	
------------------	--

EVENING TEL. NO.	
------------------	--

MOBILE TEL. NO.	
-----------------	--

EMAIL ADDRESS	
---------------	--

5. CHECKLIST

I HAVE:	Please tick
----------------	--------------------

Enclosed both parts of my Personal Licence (see Note 3)	<input type="checkbox"/>
---	--------------------------

Made or enclosed payment of the fee for the application (see Note 4)	<input type="checkbox"/>
--	--------------------------

If you have not enclosed both parts of your existing Personal Licence, please explain why (see Note 3)

--

6. DECLARATION

The information contained in this form is correct to the best of my knowledge and belief.

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. (A 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.

Signature

Date

N.B.: If you are a Designated Premises Supervisor named on a Premises Licence, please ensure that you notify the Premises Licence Holder of your change of details, as the Premises Licence will need amending.

NOTES

1. Anyone who holds a Personal Licence is required to notify the Licensing Authority which issued their Personal Licence of any change of name or address. The Licensing Authority will then change the details on their Personal Licence and reissue the licence. **It is a criminal offence** not to notify the Licensing Authority of such changes.
2. This address should be the address where you will normally live **NOT** where you work.
3. You are required to send both parts of your Personal Licence in to us with this notification form. If you cannot do so you are required to make a statement in the box provide as to why you cannot.
4. Fees - please make payment by debit / credit card by telephone to the Licensing Team on 01623-457589 (we do not accept cash or cheque payments).

FOR FURTHER INFORMATION YOU CAN CONTACT THE LICENSING TEAM

Licensing Team
Ashfield District Council
Council Offices
Urban Road
Kirby-in-Ashfield
Nottinghamshire
NG17 8DA

Telephone No.: 01623-457589

Email Address: licensing@ashfield.gov.uk