**Licensing Act 2003**

**Change of details on a Premises Licence /**

**duplicate copy of premises licence or personal licence**

**(NOT including a Transfer of the Licence or a Variation to change the Designated Premises Supervisor)**

Please indicate what you are changing/require

1. Duplicate copy of Premises licence required [ ]

2. Change the name of a Premises [ ]

3. Change the address of a Premises Licence Holder [ ]

4. Change the address of a Designated Premises Supervisor [ ]

5. Duplicate copy of Personal licence required [ ]

6. Change of address (Personal Licence holder) [ ]

7. Change of name (Personal Licence holder) [ ]

Please complete the appropriate box below:- Complete the form and return to the below address or to licensing@lewisham.gov.uk

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| **1. Duplicate copy of Premises Licence** |
| Premises Licence No: **PL**  |
| Name of premises:  |
| Address of premises:  |
| Daytime telephone number:  |
| Email address:  |

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| **2. Change name of Premises** |
| Current Premises Name:        |
| New Premises Name:  |
| PL  |
| Address of premises:  |
| Daytime telephone number:  |
| Email address:  |
| **3. Change of address of Premises Licence Holder** |
| Name of premises:  |
| Address of premises:  |
| PL  |
| Name of current premises licence holder:  |
| Premises licence holder current/previous address:       |
| Premises licence holder new address:  |
| Daytime telephone number:  |
| Email address:  |

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| **4. Change of address of Designated Premises Supervisor** |
| Name of premises:  |
| Address of premises:  |
| PL  |
| Name of DPS:  |
| DPS current/previous address:       |
| DPS new address:  |
| Daytime telephone number:  |
| Email address:  |

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| **5. Duplicate copy of Personal Licence** |
| Personal Licence No: **LEW**  |
| First Name:  |
| Last Name:  |
| Full address:  |
| Daytime telephone number:  |
| Email address:  |
| **Please describe why you are applying for a duplicate licence:**If the card has been stolen, has this been reported to the police Yes [ ]  No [ ] If yes, please provide the crime incident number  |

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| **6. Change of address – Personal Licence holder** |
| First Name:  |
| Last Name:  |
| Licence No: LEW  |
| Previous address:       |
| New address:  |
| Daytime telephone number:  |
| Email address:  |

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| **7. Change of name – Personal Licence holder**Name (as written on existing licence):      New name: Reason for change of name: **Proof of change of name will need to be provided – accepted documents are marriage certificates,deedpoll, etc** |
| **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 make use of document that contains a false statement). To do so could result in prosecution and a fine not exceeding level 5 on the standard scale. |

Signed**:**

Print Name:

Date:

I have provided a daytime telephone number in order to make payment over the phone by debit or credit card [ ]

**Please return this form to: Licensing Authority, Holbeach Office, 9 Holbeach Road, London SE6 4TW, alternatively you can email the form to** licensing@lewisham.gov.uk