



**EAST CAMBRIDGESHIRE DISTRICT COUNCIL**  
The Grange, Nutholt Lane, Ely, Cambs CB7 4EE

**Premises Licence**  
**Change of Address and/or Change of Name of the Premises Licence**  
**Holder and Designated Premises Supervisor**

- Notification of change of address of premises licence holder \*
- Notification of change of registered company address \*
- Notification of change of address of designated premises supervisor \*
- Notification of change of name of premises licence holder \*
- Notification of change of name of designated premises supervisor \*

\* Please tick all boxes that apply

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.

1. Notification of change of address of premises licence holder	
<b>PREMISES LICENCE HOLDER</b>	
Title      Please tick	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	
<b>NEW ADDRESS WHERE ORDINARILY RESIDENT (We will use this address for correspondence unless the separate correspondence box below is completed).</b>	
Post town	Post code
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>FAX NUMBER</b>	
<b>E-MAIL ADDRESS (if you would prefer us to correspond by e-mail)</b>	

<b>PREVIOUS ADDRESS</b>	
<b>Post town</b>	<b>Post code</b>

<b>Address for correspondence associated with this application (if different to the address above)</b>	
<b>Post town</b>	<b>Post code</b>

<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)</b>	

<b>2. Notification of change of registered company address</b>	
<b>REGISTERED COMPANY</b>	
Company Name:	
Company Registration Number:	
<b>NEW REGISTERED ADDRESS (We will use this address for correspondence unless the separate correspondence box below is completed).</b>	
<b>Post town</b>	<b>Post code</b>
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>FAX NUMBER</b>	

<b>E-MAIL ADDRESS (if you would prefer us to correspond by e-mail)</b>
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<b>PREVIOUS ADDRESS</b>	
<b>Post town</b>	<b>Post code</b>

<b>Address for correspondence associated with this application (if different to the address above)</b>	
<b>Post town</b>	<b>Post code</b>
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)</b>	

<b>3. Notification of change of address of designated premises supervisor</b>	
<b>DESIGNATED PREMISES SUPERVISOR</b>	
<b>Title      Please tick</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
<b>Surname</b>	
<b>Forenames</b>	
<b>NEW ADDRESS WHERE ORDINARILY RESIDENT</b>	

<b>Post town</b>	<b>Post code</b>
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>FAX NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

<b>PREVIOUS ADDRESS</b>	
<b>Post town</b>	<b>Post code</b>

<b>4. Notification of change of name of premises licence holder</b>	
<b>PREMISES LICENCE HOLDER</b>	
<b>New Title Please tick</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
<b>New Surname</b>	
<b>New Forename(s)</b>	
<b>Previous Title Please tick</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
<b>Previous Surname</b>	
<b>Previous Forename(s)</b>	

<b>5. Notification of change of name of designated premises supervisor</b>	
<b>DESIGNATED PREMISES SUPERVISOR</b>	
<b>New Title Please tick</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
<b>New Surname</b>	
<b>New Forename(s)</b>	
<b>Previous Title Please tick</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
<b>Previous Surname</b>	
<b>Previous Forename(s)</b>	

6. Checklist	
I have	Please tick yes
<ul style="list-style-type: none"> <li>enclosed the existing premises licence</li> <li>completed the statement box below to advise why both parts of the existing premises licence are not enclosed</li> <li>enclosed official proof of change of name for the personal licence holder</li> <li>enclosed official proof of change of name for the designated premises supervisor</li> <li>made or enclosed payment of the fee of £10.50 for the application</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7. State below the reason why the existing premises licence is not enclosed together with the premises name and address

8. Declaration of premises licence holder or agent			
<p>I declare that the information contained in this form is correct to the best of my knowledge and belief.</p> <p>I understand that:</p> <ul style="list-style-type: none"> <li>it is an offence to knowingly or recklessly make a false statement in or in connection with a notification of change of name or address;</li> <li>a person is to be treated as making a false statement if he/she produces, furnishes, signs or otherwise makes use of a document that contains a false statement; and</li> <li>to do so could result in prosecution and a fine not exceeding level 5 on the standard scale [£5000].</li> </ul>			
<b>PRINT NAME</b>		<b>POSITION</b>	
<b>SIGNATURE</b>		<b>DATE</b>	