**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](mailto: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](mailto:licensing@lewisham.gov.uk)