Licensing Department

Town Hall

St Mary’s

Isles of Scilly

TR21 OLW

*Tel: 01720 424546*

*licensing@scilly.gov.uk*

|  |  |
| --- | --- |
| |  | | --- | | **Application for copy of Premises licence/Temporary Event Notice** |   **PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**  **This form can be submitted online to** [**licnsing@scilly.gov.uk**](mailto:licnsing@scilly.gov.uk) |

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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. YOUR PERSONAL DETAILS** | | | | | | | |
| **Title** (delete as appropriate): Mr Mrs Miss Ms Other (please state) | | | | | | | |
| Surname: | | |  | | | | |
| Forenames: | | |  | | | | |
| **Details of Licence required:** | | | | | | | |
| Licence No.  Premises | | |  | | | | |
| **Detail of TEN Required : Premises** | | | | | | | |
| Date of TEN | | |  | | | | |
| **2. ADDRESS WHERE ORDINARILY RESIDENT / email address: ( preferred)** | | | | | | | |
| *(We will use this address to correspond with you unless you complete the separate correspondence box below).* | | | | | | | |
| Post Town |  | | | Post Code | |  | |
| **Telephone Numbers** | | | | | | | |
| Daytime | |  | | | Mobile | |  |
| Email | |  | | | | | |

**3. Address for correspondence associated with this application (if different to the address above)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | | | |
| **Post Town** | | **Post code** | |
|  | | | |
| **4. PLEASE COMPLETE if Known:** | | | |
| Premises License No: | Issuing Local Authority: | | |
|  | | | |
| **6. CHECKLIST/ DECLARATION** | | | |
| Please tick yes | | | |
| **I have enclosed payment of £10.50 – (make cheques payable to Council of the Isles of Scilly) Payment can also be made by calling 03001234105 (Quote licence copy)** | | |  |
| **Signature:** | | |  |
|  | | | |