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| Falkirk Council CrestFALKIRK COUNCIL LICENSING BOARD | **Licensing Section****Falkirk Council****The Foundry****4 Central Park****Central Boulevard****Larbert, FK5 4RU****Telephone: 01324 501575****E-mail: licensing@falkirk.gov.uk****DX 556562** |

**APPLICATION FOR A REPLACEMENT PREMISES LICENCE**

**(for use where a licence has been lost, stolen, damaged or destroyed)**

**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.**

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| --- |
| **1. PREMISES DETAILS - CONTINUE ON A SEPARATE SHEET, IF NECESSARY** |

|  |  |
| --- | --- |
| **LICENCE NO.** |  |
| **NAME OF PREMISES** |  |

|  |
| --- |
| **ADDRESS OF PREMISES** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Post town** |  | **Postcode** |  |

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| --- |
| **2. LICENCE HOLDER’S DETAILS - CONTINUE ON A SEPARATE SHEET, IF NECESSARY** |

|  |  |
| --- | --- |
| **NAME OF LICENCE HOLDER** |  |

|  |
| --- |
| **ADDRESS OF LICENCE HOLDER** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Post town** |  | **Postcode** |  |

|  |
| --- |
| **TELEPHONE NUMBERS** |

|  |  |
| --- | --- |
| Landline |  |
| Mobile |  |

|  |
| --- |
| **Email address (if you would prefer us to correspond with you by email)** |
|  |
| **Address for correspondence associated with this application (if different from above)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Post town** |  | **Postcode** |  |

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| --- |
| **3.** **I WISH TO APPLY FOR A REPLACEMENT PREMISES LICENCE FOR THE UNDERNOTED REASON** |

|  |  |  |
| --- | --- | --- |
|  | **Please tick** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (a) The licence has been **Lost**  |  | I have reported the loss to the Police and the lost property receipt number is - |  |
| (b) The licence has been **Stolen** |  | I have reported the theft to the Police and the crime file report number is - |  |

|  |  |  |
| --- | --- | --- |
| (c) The licence has been **Destroyed** |  | Please provide a statement below as to the circumstances. |

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| --- | --- | --- | --- |
| (d) The licence has been **Damaged** |  | The damaged licence has been returned with this application. | **YES / NO** |

|  |
| --- |
| If you have replied **NO** to (d) please provide a statement below explaining why this has not been returned. |
|  |

**NOTE – A Statutory Fee of £25.00 is payable for the making of this application.**

Your privacy is important to us. You can find out how we deal with your personal information here: <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>

**DECLARATION BY APPLICANT or AGENT ACTING ON BEHALF OF APPLICANT (If signing on behalf of the applicant please state in what capacity you are doing so).**

The contents of this Application are true to the best of my knowledge.

Signature ………………………………………………………… (see note below)

Date …………………………………………………………

Name in full …………………………………………………………

Tel no. …………………………………………………………

E-mail address …………………………………………………………

Capacity - APPLICANT/AGENT/SOLICITOR/OTHER …………………………………….

 (delete/add as appropriate).

Agent details Company …………………………………………………………………….

 Address …………………………………………………………………….

 …………………………………………………………………….

 …………………………………………………………………….

 Tel No./Email …………………………………………………………………….