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| Falkirk Council CrestFALKIRK COUNCIL LICENSING BOARD | **Licensing Unit****Falkirk Council****The Foundry****4 Central Park****Central Boulevard****Larbert, FK5 4RU****Telephone: 01324 501575****Fax: 01324 501588****e-mail: licensing@falkirk.gov.uk****DX 556562** |

**APPLICATION FOR A REPLACEMENT PERSONAL 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. Your personal details. If relevant, please enter details of any previous names or maiden names. Please continue on a separate sheet, if necessary.  |

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| --- | --- |
| **LICENCE NO.** (if known) |  |

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| --- | --- | --- | --- | --- |
| **TITLE**- (Please Circle) | MR | MRS | MISS | MS |

|  |  |
| --- | --- |
| **If other title - give details** |  |

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Date and Place of Birth |  |
| NI Number |  |

|  |
| --- |
| **ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence address box below)** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Post town** |  | **Postcode** |  |

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

|  |  |
| --- | --- |
| Daytime |  |
| Evening |  |
| Mobile |  |
| **FAX NUMBER** |  |

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

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| **2. I WISH TO APPLY FOR A REPLACEMENT PERSONAL LICENCE FOR THE UNDERNOTED REASON -**  |

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

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

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

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

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| 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.**

**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 and belief.

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. ………………………………………………

 E-mail ………………………………………………

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/>

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| **For use by the Licensing Board only****Application checklist** |

|  |  |
| --- | --- |
| **Date received** |  |
| **Fee amount** |  |
| **Receipt number** |  |
| **Received by *(INITIALS)*** |  |