



Gambling Act 2005

Notification of Surrender of Premises Licence

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. Details Shown on Licence	
Premises Licence Number:	
TITLE Please tick Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	
PREMISES ADDRESS	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS (if you would prefer us to correspond with you by email)	

Please return the Premises Licence with this application. If you are unable to return the licence with this application, please specify your reason(s):

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.....continued overleaf

2. CHECKLIST:	
I have	Please tick yes
<ul style="list-style-type: none"> enclosed previous Premises Licence 	<input type="checkbox"/>

3. Declaration			
<p>I/We declare that I/we wish to surrender the Premises Licence with immediate effect.</p> <p>I/We declare that the information contained in this form is correct to the best of my/our knowledge and belief.</p> <p>A person commits an offence if without reasonable excuse he gives to licensing authority information that is false or misleading. A person guilty of this offence shall be liable on summary conviction to imprisonment for a term not exceeding 51 weeks, a fine not exceeding level 5 on the standard scale, or both.</p>			
SIGNATURE		DATE	

Once completed, this form should be returned to:

**Central Services,
 Licensing Section,
 Town Hall,
 Hall Plain,
 Great Yarmouth,
 NR30 4ND**