

Lichfield Application for a premises licence Licensing Act 2003

For help contact

licensing@lichfielddc.gov.uk Telephone: 01543 308735

* required information

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Some	data entered into this form is invalid. Please res	oive before continuing.				
Section 4 of 21						
INDIVIDUAL APPLICANT DETAILS						
Applicant Name Is the name the same as (or sim	nilar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.				
Yes	○ No	Select "No" to enter a completely new set of details.				
First name	ADAM					
Family name	TURBILL					
Is the applicant 18 years of age or older?						
Yes	○ No					
Current Residential Address Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.				
Yes	○ No	Select "No" to enter a completely new set of details.				
Building number or name						
Street						
District						
City or town						
County or administrative area						
Postcode						
Country	United Kingdom					
Applicant Contact Details Are the contact details the sam	e as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details				
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.				
E-mail						
Telephone number						
Other telephone number						

