

This application must be made by the proprietor of a trustee of the premises. If successful the applicant will be the holder for the approval.

### Section 1 of 4

Name and address of premises

Name:

Address:

Telephone No:

Email:

Are you an agent acting on behalf of the applicant? *Choose an item.*

If yes, please provide the name and address of agent:

Name:

Address:

Full names and private address of applicant

Name:

Address:

Telephone No:

Email:

If the application is made by a limited company please give the address of the registered office and name(s) and address(s) of all Directors. (Continue on a separate sheet as necessary)

Name:

Address:

Telephone No:

Email:

Is the person of the above company the occupier of the premises? Choose an item.

If no please give names and addresses of occupiers

Name:

Address:

Telephone No:

Email:

Address official correspondence should be sent to if different from above

Name:

Address:

Telephone No:

Email:

## Section 2 of 4 About the Change

What changes do you want to make?

Surrender the licence (please complete [section 2a](#))

Transfer the licence (please complete [section 2b](#))

Report a change (please complete [section 2c](#))

Add a room/increase room capacity (please complete [section 2d](#))

### Section 2a Surrender the licence

The licence is no longer needed.

Is the surrender required with immediate effect? Choose an item.

If no, please provide the date of surrender [Click here to enter a date.](#)

### Section 2b Transferring the licence

Is the transfer required with immediate effect? Choose an item.

If no, please provide the date of transfer [Click here to enter a date.](#)

### Section 2c Report a change

Describe in detail the changes to be made. Tick all that apply

#### Premises name change

Old Name:

New Name:

**Section 2d**

Add a room/increase room capacity

List room to be added below:

<b>Room Name</b>	<b>Capacity</b>

Please ensure you indicate the location of all rooms on plans submitted with this application

List rooms to be increased below

<b>Room Name</b>	<b>Old Capacity</b>	<b>New Capacity</b>

**Section 3 of 4**

## Declaration

I am aware of the provisions of The Marriage Act 1994. The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Full Name:

Capacity:

Date: [Click here to enter a date.](#)

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Email or post this form together with the relevant payment and plans if adding rooms

Postal applications should be sent to: Registration & Coroner Services Manager, Cultural Services County Hall, Spetchley Road, Worcester, WR5 2NP