



**BFBC Reference :
LN/**

BRACKNELL FOREST BOROUGH COUNCIL

Licensing Team, Time Square, Market Street, Bracknell, Berkshire, RG12 1JD

**Notification of an interest in premises
under section 178 of the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We (insert name of notifier) **hereby give notice of my/our interest in the premises identified below for the purposes of section 178 of the Licensing Act 2003**

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

Post town	Post code

Name of applicant for, or holder of, premises licence of club applying for, or holding, club premises certificate (if known)

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Premises licence/club premises certificate number (if known)

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Part 2 – Details of my/our interest in the premises

I/We

Please tick ✓

- a) have a legal interest in the premises as freeholder or leaseholder
- b) am/are legal mortgagee in respect of the premises (within the meaning of the Law of Property Act 1925)
- c) Am/are in occupation of the premises

I/We

Please tick ✓

- a) an individual
- b) a company
- c) a partnership
- d) an unincorporated association
- e) other (for example, a statutory corporation)

please complete section (A)

please complete section (B)

please complete section (B)

please complete section (B)

please complete section (B)

(A) DETAILS OF INDIVIDUAL

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

First names

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

DETAILS OF SECOND INDIVIDUAL (IF APPLICABLE)

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other title (for example, Rev)	<input type="checkbox"/>
Surname				First names					
<input type="text"/>				<input type="text"/>					
Current postal address if different from premises address		<input type="text"/>							
Post Town	<input type="text"/>			Postcode	<input type="text"/>				
Daytime contact telephone number		<input type="text"/>							
Email address (optional)		<input type="text"/>							

(B) DETAILS OF NON-INDIVIDUAL

Please provide name and registered address of notifier in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

