

ABERDEENSHIRE LICENSING BOARDS

North Division

Licensing (Scotland) Act 2005 FORM OF NOTIFICATION OF PREMISES MANAGER

Name and Address of Premises

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Name of Premises Manager

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Date of Birth

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Contact Address, including postcode

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E-mail Address

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Telephone Number

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Personal Licence Details

Date of Issue	Name of Licensing Board Issuing	Reference Number of Personal Licence

Signature:.....	Date:
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Capacity: APPLICANT/AGENT (delete as appropriate)

Name and Address of Agent (if applicable)

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- **PRINCIPAL PERSONAL LICENCE OR CERTIFIED TRUE COPY PERSONAL LICENCE MUST ACCOMPANY THIS FORM**

PLEASE RETURN THIS FORM TO: THE CLERK, ST. LEONARDS, SANDYHILL ROAD, BANFF, AB45 1BH [LEGAL POST, LP-6, BANFF]