

**LICENSING (SCOTLAND) ACT 2005**

**FORM OF NOTIFICATION OF PREMISES MANAGER**

Name and Address of Premises

Name of Premises Manager

Date of Birth

Contact Address

Email Address

Telephone Number

Personal Licence Details

Date of Issue	Name of Licensing Board Issuing	Reference No. of Personal Licence

Signature .....

Date .....

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

**Form to be returned to: Depute Clerk to the Licensing Board  
Central Aberdeenshire Licensing Board  
Gordon House  
Blackhall Road  
Inverurie, AB51 3WA**