

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
Aberdeenshire South Licensing Board
Viewmount
Arduthie Road
Stonehaven, AB39 2DQ**