PO Box 2017, Pershore. WR10 9BJ Tel: 01452 396396 licensing@gloucester.gov.uk

Gloucester City Council

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Consent of premises licence holder to transfer

I/we		
[full name of	f premises licence holder(s)]	
the premises lic	ence holder of premises licence number	
		[insert premises licence number]
relating to		
[name and address	of premises to which the application relates]	
hereby give my	consent for the transfer of premises licen	ce number
[insert premises lice	nce number]	
to		
[full name of transfe	rool	
[ruii riarrie or transre	1 66].	
signed		
name		
(please print)		
dated		