

THE ALDERNEY LIQUOR LICENSING ORDINANCE 1994
FORM FOR APPLICATION FOR SPECIAL LICENCE

A. Name of Licence holder

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B. Licensed Address

.....
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Class of Current Licence

C. Details of Function

Function

Venue

Function Date

Function Hours

D. Person Acting as Agent for Licence Holder

Full Name

Date & Place of birth

Declaration: I / we confirm that the information contained in this application is true and complete and acknowledge that the Court may request further information as required under the Ordinance.

Signed

Licence Holder

Date

Proposed Court Date *Board* *Police*