## The Licensing Court Proposed Temporary Approval of Licensee / Designated Official

Please complete this form carefully and completely. Failure to do so may result in the refusal, or referral, of your application. Please use BLOCK CAPITALS or type where necessary.

1. Premises			
Name and address of premises this application refers to			
	Tal Na	Doobood	
	Tel No.	Postcod	e
Name of the person from applicant Co Holder who authorises this application			
Company E-mail address			
Proposed time period From	DD MM YYYY	To DD MM	YYYY
Reason for application			
2. Details of proposed temporary licen	see / official		
Surname (please state Mr / Mrs / Miss / Ms)			
Forename			
Previous Name(s) (please state if alias / maiden name)			
Date and place of birth	DD MM YYYY		
Current address			
		Postco	de
Telephone numbers	Home	Mobile	Daytime
E-mail address			

		rience in the	sale of alc	•	censing trade)	and any relevant			ates and
	-	l. Please atta	ch conies d	of any d	locumentary ex	vidence /certifica	tes it availab	le.	
•	(from)		Date (	•		Position held			
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		ant passed to as approved			ng Course in M Court?	lanx Yes		No	
If YES	, please	e include a c	opy of the	certifica	te	Date of passing	DD MM	YYYY	
If NO	, do you	propose sit	ting a cours	se in the	e future?	Yes		No	
If YES	, when	is the expec	ted date of	vour co	ourse?		MM YY	VV	
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