



(O) Consent of premises licence holder to transfer

I/we _____
[full name of premises licence holder(s)]

the premises licence 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 licence number

_____ *[insert premises licence number]*

to

_____ *[full name of transferee].*

signed _____

name
(please print) _____

dated _____

Please return this form to:
Licensing Department
Wyre Council
Civic Centre
Breck Road
Poulton le Fylde
Lancashire
FY6 7PU

Tel: 01253 891000
Email: licensing@wyre.gov.uk