

Gwynedd Council



Application for a personal licence

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

1. Your personal details							
TITLE Please tick ✓							
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)							
Surname							
Forenames							
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.							
TITLE Please tick ✓							
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)							
Surname							
Forenames							
I am 18 years old or over. Please tick ✓			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence box below).							
Post town		Post code					
TELEPHONE NUMBERS							
Daytime							
Evening							
Mobile							
FAX NUMBER							
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)							

Address for correspondence associated with this application (if different to the address above)	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

2. Your licensing qualifications	
Read Note 1	Please tick ✓ yes
Please indicate below which one of these statements applies to you:	
1. I hold an accredited licensing qualification	<input type="checkbox"/>
2. I hold a certified qualification	<input type="checkbox"/>
3. I hold an equivalent qualification	<input type="checkbox"/>
4. I am a person of prescribed description	<input type="checkbox"/>
<p>If you have ticked either of statements 1, 2 or 3 please provide details of your qualification in the box below (name of qualification, date of issue, issuing body) and please enclose your qualification with your application.</p> <p>If you have ticked statement 4, please provide evidence that you are a person of prescribed description.</p>	

