**SOUTHAMPTON AND EASTLEIGH LICENSING PARTNERSHIP**

# 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 |       |