

CITY OF  
WOLVERHAMPTON  
COUNCIL

**Surrender Notice  
Premises Licence**

Premises Name and Address

.....  
.....  
.....  
.....

Premises Licence Number

.....

Granted Date

.....

Name of Premises Licence Holder

*(This must be the name of the person signing the notice)*

.....  
.....

I wish to surrender the premises licence for the above premises as of

...../...../..... *(Date on which the licence is to end)*

Name

.....

Signature

.....

Date

.....

***Please tick all that apply below:***

I have enclosed both summary and full licence

I understand that the licence will end on the date that I have requested and that the premises is no longer authorised for any licensable activities