1. **About you**

Full name: Click here to enter text.

Address: Click here to enter text.

Email:

Contact number (mobile): Click here to enter text.

Billing address (if different from above): Click here to enter text.

Do you have any disabilities, medical issues or allergies that we need to know about?

 Yes [ ]  No [ ]

If yes, please provide further details: Click here to enter text.

1. **Payment**

[ ] Please contact me for payment

[ ] [Payment made online](https://www.civicaepay.co.uk/cheltenham/webpay_public/webpay/default.aspx?fund=PV)

1. **Course date (2019)**

Choose an item.

1. **Other services**

[ ]  I live in Cheltenham and would like help with my personal licence application.

[ ]  I would like with help with my premises licence application.

1. **Declaration**

[ ]  I understand that the council will use the information I supplied on this form in accordance with the relevant privacy statement viewable at [**www.cheltenham.gov.uk/your-data**](https://www.cheltenham.gov.uk/your-data).

Signature:

Click here to enter text.

Date signed:

Click here to enter a date.

Please return this form to licensing@cheltenham.gov.uk.