Signature of applicant	Date:	Interest in the EVENTS	premises: MANAGER
Print name V FREEMAN	*		ĩ
Address for correspondence: STANTON HOUSE FITZWARREN, S			
Contact telephone number:	793861779	×	

If applying on behalf of a company or other incorporated business please state position in company, address for correspondence, contact telephone number and email address.

1.	Full name of applicant.	VLKKI FREEMAN
2.	Private addresses of applicant. If the application is made by a limited company please give the address of the registered office and where different state also the main trading address of the Company.	REGISTERED OFFICE: 18 ELEY ROAD LONDON NIS 3BB TRADINGADDRESS: THE AVENUE STANTON FITZWARE SWINDON, SNG 75D
3.	Name, postal address and telephone number of the premises which are the subject of this application.	STANTON HOUSE HOTEL THE AVENUE STANTONFITZWARREN, SWINDON SNG 75D 01793 861779
4.	Please describe the nature of the premises at question 3 (e.g. hotel, stately home, civic accommodation).	HOTEL
5.	Please describe primary and other uses to which it is regularly put.	EVENTS, CONFERENCES, PRIVATE DINNER
6.	Is the person or company named in reply to question 1 the occupier of the premises?	YES
7.	If the answer to question 6 above is 'No' and there is another occupier, please give their name(s) and address(es).	N/A

8.	Please state here the maximum number of people permitted to occupy the room to be registered under any fire certificate or Fire Safety Risk Assessment which applies. Please attach a copy of any certificate, Assessment or Management procedures in force.	ROOM NAME ROSEMARY WISTERIA LILAC PAGOLA OUTSIDE RESTAURA OUTSIDE ROSEMARYR	NUMBER OF PEOPLE PERMITTED 70 50 100 80 VT 100 + 80 VT 100 +
9.	Do the premises currently have the benefit of any licence authorising use for public entertainment or similar purposes? If so please attach a copy.	YES	*