**Best Bar None (BBN) Application Form 2022/23**

*(Please send completed forms to* [*Healthand.Safety@towerhamlets.gov.uk*](mailto:Healthand.Safety@towerhamlets.gov.uk)*)*

Applicant

1. Applicant name: ………………………………………………………………………….
2. Contact Tel/email (if available):

……………………………………………………………………………………………………………………………………………………………………………………………………

Premises Details

1. Please select, which of the below best describes your type of premises:

* Public House (Pub)
* Bar
* Restaurant
* Café
* Hotel
* Club
* Music Venue/Event Space

1. Premises address (including post code):

………………………………………………………………………………………………………………………………………………………………………………………………

1. Premises Tel: …………………………………………………………………………….
2. Premises Email (if available): …………………………………………………………
3. Premises Website (if available): ………………………………………………………
4. Is your premises owned by a large chain/brewery?

Yes/No

1. If yes to question 8 above please provide any Area Manager/Head Office Details (including contact email or phone numbers):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Licence Details

1. Premises Licence Number (if known): ………………………………
2. Please enter the premises name and address listed on the Premises Licence if different to the premises name and address given in question 2 above:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Register Licence Holders Name and Address (including post code):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Where Registered Licence Holder is a Limited Company please provide the Company number:

…………………………………………………………………………

1. Registered Premises Licence Holder Tel/Email (if available):

…………………………………………………………………………………………………..............................................................................................................................

1. Designated Premises Supervisor Name:

………………………………………………………………………………………………

Terms and Conditions and Reasons for applying

1. I (enter applicant name)……………………………………………………. confirm I have read and understood the Terms and Conditions attached to this application form.
2. I/We are applying to become a Best Bar None (BBN) Accredited Premises because:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Optional

1. Do you offer “low or no Alcohol” drinks other than soft drinks?

Yes/No

If Yes, please provide any details relating to these offers/drinks:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………