

Pre-Application Advice Request Form

0800 689 3512

www.ehcuk.co.uk ehc@breckland-sholland.gov.uk

Ref no. (Office use only)	
Name	
Address	
Email Address	
Contact telephone no.	
Business Name	
Business Address	

Nat	ure of enquiry								
Cou	e you had contact with the ncil previously in relation to enquiry?	YES		No					
If ye	es, please provide details								
Pref	erred method of payment	Card		Bank Transfer					
Decl	aration								
Ву с	ompleting this form, I accept that:								
1)	The final decision is made by Council Members or under delegated authority after the application has been submitted and been subject to a consultation period. You should therefore be aware that the council's officers are unable to give any guarantees about the decision that will be made in relation to applications.								
2)	This service only applies to pre-application assistance therefore ceases to apply once the application is submitted.								
3)	The council will not deal with your request for assistance until we receive payment.								
4)	A new case officer (i.e. different f			ned					
	once you have submitted your licensing application.								
5)	The confidentiality of information provided to the council cannot be guaranteed because it is subject								
	to the provisions of the Freedom of Information Act and the council may be obligated to disclose in-								
	formation about pre-application a	formation about pre-application assistance requests and the advice that we have provided unless a							

Please send completed forms to:-

ehc@breckland-sholland.gov.uk

or

EHTC

statutory exemption applies.

Elizabeth House Walpole Loke Dereham Norfolk, NR19 1EE



EHTC

Council Offices
Priory Road
Spalding
Lincolnshire, PE11 2XE