

LICENCE APPLICATION FOR USE OF COAT OF ARMS

PLEASE COMPLETE ALL SECTIONS IN CAPITALS

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| **APPLICANT NAME:** |  |
| **ORGANISATION:** |  |
| **ORGANISATION TYPE:**  *(i.e. commercial, voluntary, charity etc.)* |  |
| **ADDRESS:** |  |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **PLEASE STATE YOUR INTENDED USE:** *(tick applicable box)* | Commercial |
| Non-commercial, voluntary or non-profit |
| **PLEASE GIVE A BRIEF DESCRIPTION OF YOUR INTENTION (AND LOCATION) OF USE:** *(please feel free to attach/enclose examples of use or supporting documents to your application)* |  |
| **DATE OF APPLICATION:** |  |
| **SIGNATURE:** |  |

Please note, by signing this application you are agreeing to the terms and conditions attached to the use of the Coat of Arms, as set out in the Coat of Arms Policy. Council Officers may need to contact you to clarify any information regarding your application. A decision will be made at the next available Seaford Town Council Meeting and you will be notified of the decision in writing.

Please return by email to admin@seafordtowncouncil.gov.uk