



Central Bedfordshire Best Bar None 2019 Application Form

Premises Name

Premises Address

Applicant/Contact

Name

Role (Please tick as appropriate)

Licensee Manager DPS Area Manager Other.....

Address

..... Post Code

Telephone Number Mobile Number.....

Email address.....

Preferred assessment day: (please suggest several)

Preferred assessment time: Morning/ Afternoon/ Evening (please delete unwanted)

How did you hear about this year's Best Bar None?

Letter Email Social media

Website Pub Watch Word of mouth

Other Please specify:

Signature:

Date:

Please return this form either via **email**, **post** or by **hand** to the following address:

Sarah Jewell, Best Bar None Coordinator, Leighton-Linslade Town Council,
The White House, Hockliffe Street, Leighton Buzzard, Bedfordshire, LU7 1HD
Email: BestBarNone@leightonlinslade-tc.gov.uk Phone: 01525 631919