|  |  |
| --- | --- |
|  | Licensing Team  Business and Consumer Protection Service  Shirehall  Abbey Foregate  Shrewsbury  Shropshire  SY2 6ND  Email: [taxis@shropshire.gov.uk](mailto:taxis@shropshire.gov.uk)  Tel: 0345 678 9046 |

**Five Year Address History Form**

Please provide **all** addresses where you have lived in the past 5 years. There must be no gaps in dates, however, overlapping dates are acceptable. **All fields must be completed for each address**.

**Current address:**

|  |  |
| --- | --- |
| Address: | |
| Town: | County: |
| Postcode: | Country: |
| Date from:  (Month & Year) | |
| **Previous addresses (start with the most recent):** |  |

|  |  |
| --- | --- |
| Address: | |
| Town: | County: |
| Postcode: | Country: |
| Date from:  (Month & Year) | Date to:  (Month & Year) |

|  |  |
| --- | --- |
| Address: | |
| Town: | County: |
| Postcode: | Country: |
| Date from:  (Month & Year) | Date to:  (Month & Year) |

|  |  |
| --- | --- |
| Address: | |
| Town: | County: |
| Postcode: | Country: |
| Date from:  (Month & Year) | Date to:  (Month & Year) |

If the space is not sufficient, please continue on a blank sheet.