

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/we			
(full name(s) of premises licence holder)			
being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003			
Premises licence number			
Part 1 – Premises details			
Postal address of premises or, if none, ordnance survey description	map reference or		
Post town	Post code (if known)		
Post town	Post code (if known)		
	Post code (if known)		
Post town Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		
	Post code (if known)		
Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		
Telephone number (if any)	Post code (if known)		

Part 2

Full name of proposed designated premises supervisor	
Nationality	
Nationality	
Place of birth	
Date of birth	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
Full name of existing designated premises supervisor (if any)	
Tail hame of existing accignated promises supervisor (ii arry)	
Please tick y	es
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	
I have enclosed the premises licence or relevant part of it	
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)	
Reasons why I have failed to enclose the premises licence or relevant part of	it
Please tick y	es
 I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police 	
 I have enclosed the consent form completed by the proposed premises supervisor 	
 I have enclosed the premises licence, or relevant part of it or explanation 	
 I will give a copy of this form to the existing premises supervisor, if any I understand that if I do not comply with the above requirements my 	
 I understand that if I do not comply with the above requirements my application will be rejected 	

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what

Part 3 – Signatures (please read guidance note 2)

capacity.	
Signature	
Date	
Capacity	
For joint applicants signature of 2 nd ap authorised agent (please read guidance applicant please state in what capacity	
Signature	
Date	
Capacity	
Contact name (where not previously gi correspondence associated with this a	
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond w (optional)	ith you by e-mail your e-mail address

Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.



Consent of individual to being specified as premises supervisor

[full name of prospective prem	ises supervisor]
of	
The way and the second state of the second sta	
[home address of prospective premis	
hereby confirm that I give my c supervisor in relation to the ap	onsent to be specified as the designated premises plication for
[type of application]	
by	
Бу	
[name of applicant]	
relating to a premises licence	
	[number of existing licence, if any]
for	
[name and address of premises to wh	ich the application relates]

and any premises licence to be granted or varied in respect of this application made by
[name of applicant]
concerning the supply of alcohol at
[name and address of premises to which application relates]
I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.
Personal licence number
[insert personal licence number, if any]
Personal licence issuing authority
[insert name and address and telephone number of personal licence issuing authority, if any]
Signed
Name (please print)
Date