



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

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Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code (if known)
Telephone number (if any)	

Description of premises (please read guidance note 1)

Part 2

Full name of proposed designated premises supervisor

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)

Please tick yes

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 yes

- I have made or enclosed payment of the fee (£23)
- 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 application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE , UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guidance note 2)

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 capacity.**

Signature

.....

Date

.....

Capacity

.....

For joint applicants signature of 2nd applicant 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date

.....

Capacity

.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Post town

Post Code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Consent of individual to being specified as premises supervisor

I/we
[full name of prospective premises supervisor]

of
.....
.....
.....
.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

.....
[type of application]

by
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for
.....
.....
.....
.....
[name and address of premises]

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 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)

Dated

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

Information on the Licensing Act 2003 is available at:

www.gov.uk/government/organisations/department-for-digital-culture-media-sport

Or

The Licensing Team

West Lindsey District Council, Guildhall, Marshall's Yard, Gainsborough. DN21 2NA

Telephone: (01427) 676676

Email: Licensing@west-lindsey.gov.uk

Copy of this form must be sent to:

Lincolnshire Police Alcohol Licensing Team
Myle Cross Centre
Macaulay Drive
Lincoln
Lincolnshire
LN2 4EL

Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice.

This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy/

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.west-lindsey.gov.uk/fairprocessingnotice or contact the finance department on, 01427 676560, FinanceTeam@west-lindsey.gov.uk