



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

Please read the accompanying notes (at the end of this form) as you complete it.

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
(insert full name(s) of premises licence holder(s))

being the premises licence holder(s), 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:	32UHB...
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Part 1 - premises details			
Name of premises			
Postal address of premises or, if none, ordnance survey map reference or 'what3words' reference or description			
Post town		Postcode	
Phone number at premises <i>(if any)</i>			
Email address of premises <i>(if any)</i>			

Description of premises <i>(see note 1)</i>

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 as appropriate:

- 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 complete the below box.

Reasons why I have failed to enclose the premises licence or relevant part of it:

Checklist:

Please tick to confirm

- I have made or enclose payment of the £23 fee (see page 6)
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or provided an explanation above
- I will inform the existing premises supervisor (if any) of this application
- I am sending a copy of this application to Lincolnshire Police today - **only applicable if submitting a paper form** (see page 6)
- 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 (see note 2)

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

Signature		If unable to provide a digital signature please type name to the right:	
Date			
Capacity			

For joint applicants - signature of second applicant, second applicant's solicitor or other authorised agent (see note 4). If signing on behalf of the applicant please state in what capacity.

Signature		If unable to provide a digital signature please type name to the right:	
Date			
Capacity			

Contact name and address for **correspondence** associated with this application (see note 5)

Post town		Postcode	
Phone number:			
Mobile number:			
Email address:			

Information on the Licensing Act 2003 is available on www.legislation.gov.uk or from West Lindsey District Council via licensing@west-lindsey.gov.uk or 01427 676676.

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 phone number of personal licence issuing authority, if any]

Signed

Name (please print)

Dated

Notes

1. Describe the premises e.g. retail unit with a flat above, two storey restaurant, salon
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

Please return this form with the fee of £23* to:

licensing@west-lindsey.gov.uk

* Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6) or in person at the address above. If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the details below:

Account name: West Lindsey District Council

Sort code: 30-00-02

Account number: 04066818

Ref: (your premises licence number which starts 32UHB...)

Amount: £23

For office use: payment code 6007-40098-41162

If submitting your application by post, copies of this form must be sent to:

Licensing	Licensing (Alcohol)
West Lindsey District Council	Lincolnshire Police
Guildhall	Myles Cross Centre
Marshall's Yard	Macauley Drive
Gainsborough	Lincoln
Lincolnshire	Lincolnshire
DN21 2NA	LN2 4EN

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 or email FinanceTeam@west-lindsey.gov.uk