# 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 map reference or description Post code (if known) Post town 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 supervisissuing authority of that licence (if any)	or and	
Full name of existing designated premises supervisor (if any)		
Plea	ase 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, pleas reasons why not)	se give	
Reasons why I have failed to enclose the premises licence or relevant	nt part of it	
	_	
Ple	ase tick yes	
I have made or enclosed payment of the fee		
<ul> <li>I will give a copy of this application to the chief officer of police</li> <li>I have enclosed the consent form completed by the proposed prer</li> </ul>	mises $\square$	
supervisor		
<ul> <li>I have enclosed the premises licence, or relevant part of it or explain</li> <li>I will give a copy of this form to the existing premises supervisor, in</li> </ul>		
<ul> <li>I understand that if I do not comply with the above requirements mapplication will be rejected</li> </ul>		

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		
Date		
Capacity		
For joint applicants signature of 2 <sup>nd</sup> applicant 2 <sup>nd</sup> 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)		

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

### Guidance notes

capacity.

- 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.