



Licensing Act 2003

Application package to vary a premises licence to specify an individual as designated premises supervisor including the DPS consent form

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 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 town	Post code
Telephone number (if any)	

Description of premises (please read guidance note 1)

Part 2

Full name of proposed designated premises supervisor
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)

Please tick ✓

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

<input type="checkbox"/>
<input type="checkbox"/>

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 ✓

- 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 understand that if I do not comply with the above requirements my application will be rejected

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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 (UNLIMITED) 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.

Part 3 – Signatures (please read guidance note 10)

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 applications signature of 2nd applicant or 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 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)

Notes for guidance

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 that we shall use to correspond with you about this application.

Information on the Licensing Act 2003 is available on the website of the Home Office and the Department of Culture, Media & Sport

<http://www.homeoffice.gov.uk/>

http://www.culture.gov.uk/alcohol_and_entertainment

or from

The Licensing Unit
Public Health & Regulation
Adur & Worthing Council Services
Portland House
Richmond Road
Worthing
BN11 1HS

Telephone: 01903 221068 or 01273 263331

Email: licensing.unit@adur-worthing.gov.uk

Website: <http://www.adur-worthing.gov.uk/licensing-and-permits/>



Portland House, Richmond Road, Worthing, BN11 1HS

Consent of individual to being specified as premises supervisor

I *(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 to which 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 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