

# Blackpool Council

## CONSENT OF DPS FORM

***Premises Licence  
holder(s):***



Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### **Contact**

**T:** (01253) 47 8572 / 8589  
**F:** (01253) 47 8372

**[www.blackpool.gov.uk/licensing](http://www.blackpool.gov.uk/licensing)**

# Schedule 11

## Consent of an individual to being specified as a premises supervisor

<b>Full name of the prospective premises supervisor:</b>	<b>Type of Application</b> (Delete as appropriate)	
	<b>New Premises Licence</b>	<b>Variation of DPS</b>

<b>Home address of the prospective premises supervisor:</b>

<b>Full name(s) of Premises Licence holder:</b>	<b>Premises Licence number (if any):</b>

<b>Name and address of the premises to which the application relates:</b>

I, the prospective Designated Premises Supervisor named above, hereby confirm that I give my consent to be specified as the DPS in relation to the above premises licence and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises. 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 as set out below.

<b>Personal Licence Number:</b>	
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<b>Name of Personal Licence issuing authority:</b>	
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<b>Address of issuing authority:</b>	
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<b>Telephone of issuing authority:</b>	
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<b>Signed by proposed DPS:</b>	
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<b>Print Name:</b>	
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<b>Date:</b>	
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