

Blackpool Council

APPLICATION TO VARY THE DESIGNATED PREMISES SUPERVISOR

<i>Name of Premises Licence Holder(s):</i>	
---	--



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

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 this 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.

Full name/s of the premises licence holder/s:

I/We the premises licence holder/s named above, 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

Premises														
Name &														
Address								Post Code						

Telephone Number		Mobile Number	
-------------------------	--	----------------------	--

E-Mail Address	
-----------------------	--

Description of premises (please read guidance note 1)

Part 2

Please give the full name of the proposed Designated Premises Supervisor						
Title:	Mr	Mrs	Miss	Ms	Other	
Surname				Forenames		
State any previous names						
<small>Please Tick</small>						
They are 18 years old or over	Yes	No	Their Date of Birth	Day	Month	Year
Place of birth				Nationality		
Home Address						
				Post Code		
Telephone Number				Mobile Number		
E-Mail Address						
Personal Licence Number:						
Name of the issuing Authority of the Personal Licence:						
Full name of the existing designated premises supervisor (if any)						
Surname				Forenames		

If yes please tick

- I would like this application to have immediate effect under section 38 of the Licensing Act 2003
- I have enclosed the premises licence and summary.

If you have not enclosed the premises licence or the relevant part of it, you are required to give reasons why not:

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

If yes please tick

- 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 and summary or have given reasons why not
- I will notify the existing premises supervisor, if any, of this application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO KNOWINGLY OR RECKLESSLY 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 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 A VALID LEAVE TO ENTER OR REMAIN IN THE UK OR AN ADULT WHO IS SUBJECT TO CONDITIONS WHICH WOULD PREVENT THAT PERSON FROM TAKING UP 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 BY VIRTUE OF THEIR IMMIGRATION STATUS.

Part 3 – Signatures (please read guidance note 2)

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

Signature:	
Capacity:	
Print Name:	
Date:	

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:	
Capacity:	
Print Name:	
Date:	

Contact name (where not previously given) and address for correspondence associated with this notice (please see guidance note 5).

Full Name:	
Contact Address:	
Telephone number:	
Email address:	

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, the 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.