



Application to vary a Premises Licence to specify an individual as Designated Premises Supervisor Licensing Act 2003

Stratford-on-Avon District Council

Public Protection, Environmental Services, Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX
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If you find the text in this form difficult to read we can supply it in a format better suited to your needs

TO: STRATFORD-ON-AVON DISTRICT COUNCIL

1. Applicant's Details (BLOCK CAPITALS)

SURNAME:

FORENAME(S):

HOME ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

E-mail:

2. Premises Details

BUSINESS NAME:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

E-mail:

RESPONSIBLE AUTHORITIES	DATE SENT
Licensing Authority (SDC)	
Police	

Stratford-on-Avon District Council will use the information you provide on this form for administration of a Licence The Council will show the information you provide to such of its employees and agents as need to see it to achieve the purpose stated above. Your information will not be disclosed other than within the District Council's notification under the Data Protection Act 1998, unless the law allows us to do so.

FEE:

**PAYING IN CODE:
6304113314**

FLARE REFERENCE:

SDC/0268/SEP09

[Insert name and address of relevant licensing authority and its optional reference number (optional)]

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 being the premises licence holder, apply to vary
(full name(s) of premises licence holder)
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

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 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, please give reasons why not)

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

Please tick yes

- 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 the relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- 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 (please read guidance note 2)

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)	

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, 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.