



* required information

Section 1 of 4

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Continued from previous page...

Continued from previous page...

Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Continued from previous page...

Retail Business

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth / /
dd mm yyyy

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

I will notify the existing premises supervisor (if any) of this application

Continued from previous page...

Reference number for consent
form (if known)

If the consent form is already submitted, ask
the proposed designated premises
supervisor for its 'system reference' or 'your
reference'

Section 4 of 4

PAYMENT DETAILS

This fee must be paid in accordance with the applicable fee schedule (PAYMENT DETAILS)

OFFICE USE ONLY

Applicant reference number

M-00954149

Fee paid

Payment provider reference

ELMS Payment Reference