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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Building number or name

Street

District

City or town

County or administrative area

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A public house

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth

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?

The premises licence holder can continue

Yes No

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How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this variation

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'

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PAYMENT DETAILS

This fee must be paid by the applicant. The fee is \$110.00. This fee is non-refundable. (This fee is not applicable if the applicant is a small business or a charity.)

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