

**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  This is the unique reference for this application generated by the system.

Your reference  You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Yes  No

**Applicant Details**

\* First name

\* Family name

\* E-mail

Main telephone number  Country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

**Applicant Business**

Is your business registered in the UK with Companies House?  Yes  No

Registration number

Business name  If your business is registered, use its registered name.

VAT number  Put "none" if you are not registered for VAT.

Legal status

Note: completing the Applicant Business section is optional in this form.

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Your position in the business

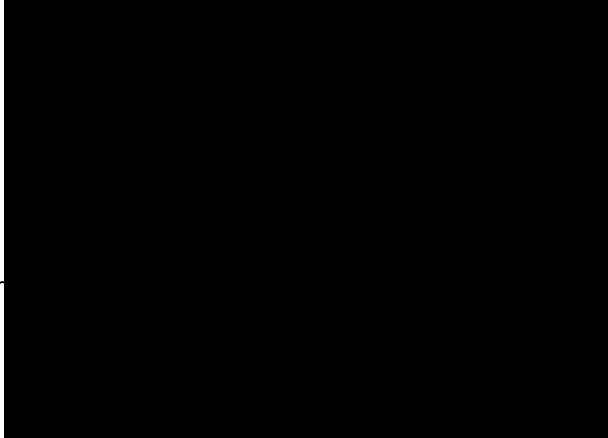
Home country

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

Building number or name  
Street  
District  
City or town  
County or administrative area  
Postcode  
Country



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**PREMISES DETAILS**

I/we 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

Are you able to provide a postal address, OS map reference or description of the premises?

- Address
- OS map reference
- Description

**Address**

\* Building number or name

\* Street

District

\* City or town

County or administrative area

Postcode

\* Country

**Contact Details**

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

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Public House

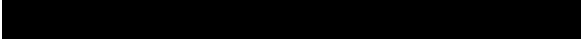
**Section 3 of 4**

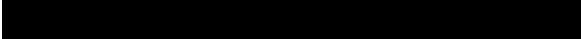
**SUPERVISOR**

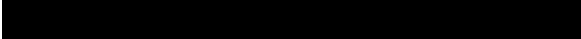
**Full Name Of Proposed Designated Premises Supervisor**

\* 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?

- Yes  No

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

\* Will the premises licence or relevant part of it be submitted with this application?

- Yes  No

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

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

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

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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 to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

#### DECLARATION

I/we understand 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. The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate.

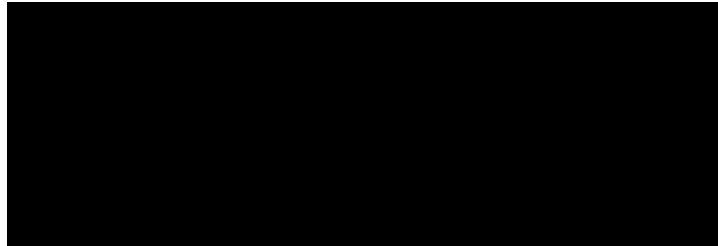
Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

\* Date



Remove this signatory

Full name

Capacity

\* Date

 /  / 

dd mm yyyy

Remove this signatory

Add another signatory

**OFFICE USE ONLY**

Applicant reference number	<input type="text" value="AB032672"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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