

Licensing Team www.bristol.gov.uk/licensing E-mail licensing@bristol.gov.uk Tel 0117 35 74900

Licensing Team (Temple Street), Bristol City Council, PO Box 3399, BRISTOL BS1 9NE

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

TELAGE READ THE TOLER	Will be the the track of the tr	
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	
(full name(s) of premises licence holder		
vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003		
promised supervises and section of an a		
Premises licence number		
Temses ilcence number	7	
	_	
Part 1 – Premises details Postal address of premises or, if none, ordnance survey map reference or description		
Postal address of premises or, if none, ordinance 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	
Nationality	
Place of Birth	
Date of Pirth	
Date of Birth	
Personal licence number of proposed designated premises supervisor and issuing authority	of
that licence (if any)	OI .
· • • • • • • • • • • • • • • • • • • •	
Full name of existing designated premises supervisor (if any)	
Diagona dialam	
Please tick Y	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 relevant part of it or explanation 	
I will inform the existing premises supervisor, if any, of this application (you are not required to some a full energy of the application as this may be a breach of the Date.	
required to serve a full copy of the application as this may be a breach of the Data Protection Act 1998.	
 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 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 LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO 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.

Part 3 – Signatures (please read guidance note 2)

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

Signature		
Date		
Capacity		
For joint applications signature of 2 nd applicant or 2 nd 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 postal address for correspondence associated with this application (please read guidance note 13)		
Post town	Post code	
	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.

Data Protection Privacy Notice:

Full details of how Regulatory Services uses your data and why it is collected can be found at the following link:

https://www.bristol.gov.uk/en US/about-our-website/privacy