

**Application to vary a premises licence to
specify an individual as designated
premises supervisor under the
Licensing Act 2003**



Name of Premises:

Address of Premises:

Please send your completed application form with the appropriate fee and accompanying documents to:

The Principal Licensing Officer,
Trading Standards & Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN

The Act states that a copy of your application and accompanying documents must also be sent to the following responsible authority. The Licensing Section will arrange for this to be done on your behalf.

The chief officer of police for the area in which the premises are situated;

Notes for Guidance

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.

Please read the following instructions first

Before completing this form please read the guidance notes. 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.

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

I / We [_____] being the
full name(s) of premises licence holder

premises licence holder, 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

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description: 	
Post town	Postcode
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 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 understand that a copy of this application will be sent 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 give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirement 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	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	