**Consent of individual to be specified as designated premises supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | | |
|  | *[full name of prospective premises supervisor]* | | |
| of |  | | |
|  | *[home address of prospective premises supervisor]* | | |
| hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for | | | |
|  | | | |
| *[type of application]* | | | |
| by |  | | |
|  | *[name of applicant]* | | |
| relating to a premises licence | | |  |
|  | *[number of existing licence, if any]* | | |
| for |  | | |
|  | *[name and address of premises to which application relates]* | | |
| and any premises licence to be granted or varied in respect of this application made by | | | |
|  | | | |
| *[name of applicant]* | | | |
| *concerning supply of alcohol at* | | | |
|  | | | |
| *[name and premises to which application relates]* | | | |
| I also confirm that I am entitled to work in the United Kingdom, and am applying for, intend to apply for or currently hold a personal licence, details of which are set out below: | | | |
| Personal licence number | | | |
| *[insert personal licence number, if any]* | | | |
| Personal licence issuing authority | | | |
| *[insert name and address and telephone number of personal licence issuing authority, if any]* | | | |
| Signed | |  | |
|  | |  | |
| Name (print) | |  | |
|  | | | |
| Date | |  | |