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

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.

The Ryan-Theatre Speech Room

(full name(s) of premises licence holder) being the 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
0507-EP78-3Q4G GGX9
Part 1 – Premises details
Postal address of premises or, if none, ordnance survey map reference or description HOYOW SCHOOL 5 HIGH Street
Hanow on the Hill
Hamow
Post town Post code (if known)
HAI 3HP Hamow, middlesex
Telephone number (if any)
Description of premises (please read guidance note 1)
The Snepheral Churchill Halland Room

FIELD HOUSE CLUB (AFTH FORM), AS a LLOCARD



Part 2

Full name of proposed designated premises supervisor	
mrs sally Ann Daois	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
055D COPG COPP HYDE	
Full name of existing designated premises supervisor (if any)	
Please tick 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	
All paper work we have is a Hordred, ASE & picinal on the	
there miss canziline legion is away.	
I have already part one fee awaiting confirmation I than be comproved and will pay remaining ree	
Please tick yes	201
 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 	e(Cir
 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 requirements 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	

THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 2

Full name of proposed designated premises supervisor	
mrs Sally Ann Daois	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
055D OCPG COPP HYDE	
Full name of existing designated premises supervisor (if any)	
Please tick 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	
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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 6 1 20 7
Capacity Lospitality manager (Appliant)
For joint applicants signature of 2 nd applicant 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 5)
THO Sandally 1xion.

Consent of individual to being specified as premises supervisor

[full name of prospective premises super]
of
[ho
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
DIPMISES LICE HOWOLD SCHOOL [type of and lication]
relating to a premises licence [number of existing licence, if any]
relating to a premises licence
for MANOU SCOOL
5 High Street
Manage and address of premises to which the application relates
[and see all of present and special services of the services
and any premises licence to be granted or varied in respect of this application made
and any premises licence to be granted or varied in respect of this application made
and any premises licence to be granted or varied in respect of this application made by [name of applicant]
and any premises licence to be granted or varied in respect of this application made by [name of applicant] concerning the supply of alcohol at [NOOL 9000].
and any premises licence to be granted or varied in respect of this application made by [name of applicant] concerning the supply of alcohol at .HMOU
and any premises licence to be granted or varied in respect of this application made by HAROUS SCHOOL [name of applicant] concerning the supply of alcohol at HAROUS SCHOOL [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal
and any premises licence to be granted or varied in respect of this application made by HAROUD SCHOOL [name of applicant] concerning the supply of alcohol at .H. (1000, 900,000]. 5 HIGH STEAT. [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number (550,000,000,000). Personal licence issuing authority (insert personal licence issuing authority, if linsert name and address and telephone number of personal licence issuing authority, if
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