# **Consent of individual to being specified as 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 the application relates]

## **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**

[Name and address of premises to which the 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** [Insert personal licence number, if any]

## **Personal licence issuing authority** (Insert name and address and telephone number of personal licence issuing authority, if any]

Signature

Name [Please print]

Dated