



The Licensing Team
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APPLICATION TO VARY A PREMISES LICENCE TO SPECIFY AN INDIVIDUAL AS DESIGNATED PREMISES SUPERVISOR

Form Ref: LA03/PL21

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

If you require this document in an alternative format, please contact us.

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 or typed in black ink. Use additional sheets if necessary.

You should 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 LICENCING ACT 2003**

I/We*

[full name(s) of premises licence holder(s)]

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

Part 1 – Premises details	
Postal address of premises or, if none, ordnance survey map reference or description	
Post Town	Postcode
Telephone number at premises (if any)	
Description of the premises (please read guidance note 1)	

Part 2 – Proposed Designated Premises Supervisor	
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 v yes)	
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	<input type="checkbox"/>
I have enclosed the premises licence or relevant part of it	<input type="checkbox"/>
(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	

Checklist	
I have	Please tick v yes
• I have made or enclosed payment of the fee	<input type="checkbox"/>
• I will give a copy of this application to the chief officer of police	<input type="checkbox"/>
• I have enclosed the consent form completed by the proposed premises supervisor	<input type="checkbox"/>
• I have enclosed the premises licence, or the relevant part of it or explanation	<input type="checkbox"/>
• I will give a copy of this form to the existing premises supervisor, if any	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

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).	
Name	
Address	
Post Town	Postcode
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.