

Licensing  
Civic Centre  
West Paddock  
Leyland  
PR251DH  
01772625625  
Email:licensing@southribble.gov.uk  
Website:southribble.gov.uk

**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]*

[Type here]



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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 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 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]*

Signed

.....  
Name (please print)

.....  
[Type here]



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Date

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[Type here]