

### Consent of individual to being specified as premises supervisor

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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**(no 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  
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 \_\_\_\_\_

**Personal licence issuing authority** (insert name, address and telephone number of

Personal licence issuing authority, if any)\_\_\_\_\_

\_\_\_\_\_

**Signed**\_\_\_\_\_

**Name** (please print)\_\_\_\_\_

**Dated**\_\_\_\_\_

**Please return this form to:-**  
The Licensing Team, Central Services Department,  
Town Hall,  
Great Yarmouth, NR30 2QF