

APPENDIX B

Application to vary a premises licence to specify a DPS

MALDON DISTRICT COUNCIL

Princes Road
Maldon
Essex CM9 5DL



www.maldon.gov.uk Telephone 01621 854477 or email licensing@maldon.gov.uk

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.

I/we EMILY DOROTHY SAFFILL
(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

05 00719 / LAPRE040

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

THE WARWICK ARMS
185 HIGH STREET

Post town

MALDON

Post code (if known)

CM9 5BU

Telephone number (if any)

Description of premises (please read guidance note 1)

PUBLIC HOUSE

Part 2

Full name of proposed designated premises supervisor

ANDREA DENISE SAFFILL

Nationality

BRITISH

Place of birth

MALDON

Date of birth

Personal licence number of proposed designated premises supervisor and
issuing authority of that licence (if any)

17/00595/LAPER - MALDON

Full name of existing designated premises supervisor (if any)

EMILY DOROTHY SAFFILL

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

Please tick yes

- 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 ☒
- 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

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

1. 05. 18

.....

Capacity

DPS - CURRENTLY

.....

For joint applicants signature of 2nd applicant 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 postal address for correspondence associated with this application (please read guidance note 5)

ANDREA SAFFL

.....

Post town

Post Code

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.

Consent of individual to being specified as premises supervisor

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Maldon
Essex CM9 5DL



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Consent of individual to being specified as premises supervisor

I ANDREA DENISE SAFFILL
[full name of prospective premises supervisor]

of THE WARWICK ARMS
185 HIGH ST
MALDON
ESSEX
CM9 5BU

[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

Vary a Premises Licence to specify a OPS
[type of application]

by

EMILY SAFFILL
[name of applicant]

relating to a premises licence 05 00719 / LAPRE 040
[number of existing licence, if any]

for

THE WARWICK ARMS
185 HIGH ST
MALDON
ESSEX
CM9 5BU

[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

EMILY SAFFILL
[name of applicant]

concerning the supply of alcohol at

THE WARWICK ARMS
185 HIGH ST
MAUDON
ESSEX
CM9 5BU

[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

MAUDON DISTRICT COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

ANDREA DENISE SAFFILL

Date

01.05.18.