



FOR OFFICE USE			
RECEIPT NO:	FEE REQUIRED:	Date:	Initials:
On-line Payment Ref:			

This form should be completed and forwarded to: Licensing Section, John Onslow House, 1 Ewart Place, London E3 5EQ with a cheque for the correct fee of £23:00, made payable to the London Borough of Tower Hamlets. You can also pay by phoning 020 7364 5008 or on-line: <http://www.towerhamlets.gov.uk/pay>

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
(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

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Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code
Telephone number (if any)	

Description of premises (please read guidance note 1)

Part 2

Full name of proposed designated premises supervisor	
Nationality	
Place of Birth	
Date of Birth	

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 yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please read Guidance note 2)

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 (please read Guidance note 3)
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or the relevant part of it or explanation
- I will notify the existing premises supervisor (if any) of this application (please read guidance note 4)
- 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 KNOWINGLY OR RECKLESSLY 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 A VALID LEAVE TO ENTER OR REMAIN IN THE UK OR AN ADULT WHO IS SUBJECT TO CONDITIONS WHICH WOULD PREVENT THAT PERSON FROM TAKING UP 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 BY VIRTUE OF THEIR IMMIGRATION STATUS.

Part 3 – Signatures (please read guidance note 5)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 6).
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 7). **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 8)	
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. An application to vary a premises licence so as to name a different premises supervisor may be given immediate effect (that is, from the time that the application is received by the Licensing Authority) if the premises licence holder requests it at the time he makes an application under section 37. Section 38 enables the holder of a premises licence to continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work. If the application is rejected, the licence reverts to the form it took before the application was made.
3. A full copy of the application form must be sent to the Chief officer(s) of police for the police area(s) in which the premises are situated. The notice should state whether section 38 of that Act (circumstances in which section 37 application given interim effect) applies to the application.
4. Section 37(4)(b) of the Licensing Act 2003 requires the premises licence holder to notify the existing designated premises supervisor (if any) about this application. It is sufficient for the licensee to inform the existing designated premises supervisor in writing, without the need to share the specific details of the application. The notice should state whether section 38 of that Act (circumstances in which section 37 application given interim effect) applies to this application.
5. The application form must be signed.
6. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
7. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
8. This is the address which we shall use to correspond with you about this application.