Appendix 1



Sunderland

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact licenstraintsunderland.govuk. Telephone: 0191 5205550

Section 1 of 4		* required information	
You can save the form at	any time and resume it later. You do not need to	be forced in when you varying	
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.	
Your reference	Vary DPS Josephs	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.	
Are you an agent acting o	n behalf of the applicant?	Put "no" if you are applying on your own	
C Yes G	r No	behalf or on behalf of a business you own or work for.	
Applicant Details			
* First name	Tony		
* Family name	Shipley		
* E-mail			
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if you s	would prefer not to be contacted by telephone		
kre you:			
 Applying as a busine Applying as an individual 	ess or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.	
Applicant Business			
your business registered he UK with Companies louse?	In C Yes & No	Note: completing the Applicant Business section is aptional in this form.	
your business registered utside the UK?	C Yes G No		
usiness name	Josephs	If your business is registered, use its registered name.	
AT number -	none	Put "none" if you are not registered for VAT.	
egal status	Sole Trader		

Your position in the business	Owner	
Home country	United Kingdom	The country where the headquarters of you
Business Address		ousiness is located.
Building number or name	Josephs	If you have one, this should be your official address - that is an address required of you
Street	29 Holmeside	by law for receiving communications.
District		
City or town	Sunderland	
County or administrative area	Tyrse and Wear	
Postcode	SR13JE	
Country	United Kingdom	
ection 2 of 4		
REMISES DETAILS		
	al address, OS map reference or de	
Address C OS ma		
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PUBLIC MOUSE

Section 3 of 4

SUPERVISOR

Eull Name Of Propose	d Designated Premises	Supervisor
LPH LEUGHS OF LIABORS	M. SPERMINENT STREET, S. STREET, STREE	recompension, europea.

* First name

MARK

* Family name

MORRISON

* Nationality

* Place of birth



* Date of birth

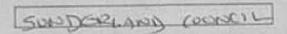




Personal licence number of proposed designated premises supervisor

DOCMPER D3262

issuing authority of that licence



Full Name Of Existing Designated Premises Supervisor

First name

MICHELLE

Family name

RICHARDSON

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

c/ Yes

(No

I will notify the existing premises supervisor (if any) of this application

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

It is sufficient for the licensee to inform the existing premises supervisor in writing. without sharing the specific details of the application.

* Will the premises licence or relevant part of it be submitted with this application?

C Yes

C/No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

C Electronically, by the proposed designated premises supervisor

As an attachment to this variation

Continued from previous po	
pi	Reference number for consent
Mah.	form (if known)
if the consent form is alre the proposed designated supervisor for its 'system' reference'	premisas
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the	he authority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fi	oxed fee of £23
ATTACHMENTS	
AUTHORITY POSTAL ADD	DRESS
Address	
Building number or name	
Street	
District	
City or town	
ounty or administrative a	irea
Instenda	
ostcode	
	United Kingdom
Postcode Country PECLARATION	United Kingdom
ECLARATION Ticking this box ind his section should be comehalf of the applicant?"	licates you have read and understood the above declaration upleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting or
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C

Consent of individual to being specified as premises supervisor

MARK MORKLSON

[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 DPS VARIATION FOR TOSEPHS (type of application) TONY SHIPLEY OO CMPREMOOSIS relating to a premises licence [number of existing licence, if any] for JOSEPHS 29 HOLMESIDE SUNDERLAND

[name and address of premises to which the application relates]

SRI 3JE

and any premises licence by	e to be granted or varied in respect of this application made
frame of applicant/	
concerning the supply of	alcohol at
Iname and address of premise	
I also confirm that I am e intend to apply for or cui below.	ntitled to work in the United Kingdom and am applying for, rrently hold a personal licence, details of which I set out
Personal licence number	
	00 CMPERO3262
[insert personal licence number,	if any)
Personal licence issuing a	uthority
SUNDERLAND finsert name and address and te	lephone number of personal licence issuing authority, if any)
Signed	RELIGIES
Name (please print)	MARK MOSSISON
Date	12-11-2021