

Appendix 1

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

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 on behalf of the applicant?

☐ Yes

☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Tony

* Family name

Shipley

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ Applying as a business or organisation, including as a sole trader

☐ Applying as an individual

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

Is your business registered in the UK with Companies House?

☐ Yes

☒ No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

☐ Yes

☒ No

Business name

Josephs

If your business is registered, use its registered name.

VAT number

-

none

Put "none" if you are not registered for VAT.

Legal status

Sole Trader

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Your position in the business

Owner

Home country

United Kingdom

The country where the headquarters of your business is located.

Business Address

Building number or name

Josephs

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Street

29 Holmeside

District

City or town

Sunderland

County or administrative area

Tyne and Wear

Postcode

SR13JE

Country

United Kingdom

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PREMISES DETAILS

I/we 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

00CMPREM60565

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Address

* Building number or name

Josephs

* Street

29 Holmeside

District

* City or town

Sunderland

County or administrative area

Postcode

SR1 3JE

* Country

United Kingdom

Contact Details

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

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PUBLIC HOUSE

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

MARK

* Family name

MORRISON

* Nationality

* Place of birth

* Date of birth

dd / mm / yyyy

Personal licence number of proposed designated premises supervisor

DOCMPE RD3262

Issuing authority of that licence

SUNDERLAND COUNCIL

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?

☒ Yes

☐ No

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

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

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?

☐ Yes

☒ No

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

☐ Electronically, by the proposed designated premises supervisor

☒ As an attachment to this variation

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Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. This formality requires a fixed fee of £23.

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Signature Of Applicant Or Applicant's Solicitor

* Full name

* Capacity

Date (dd/mm/yyyy)

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor

* Full name

* Capacity

Date (dd/mm/yyyy)

Consent of individual to being specified as premises supervisor

I MARK MORRISON
[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 JOSEPHS
[type of application]

by

TONY SHIPLEY
[name of applicant]

relating to a premises licence

00CMPREM00565
[number of existing licence, if any]

for

JOSEPHS
29 HOLMESIDE
SUNDERLAND
SR1 3JE

[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 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

00CMPE03262

[insert personal licence number, if any]

Personal licence issuing authority

SUNDERLAND CITY COUNCIL

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

Signed



Name (please print)

MARK MORRISON

Date

12-11-2021