

Appendix 19

* required information

Section 1 of 4

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	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="junglebar lets get wild"/>	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

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

☐ 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.

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 4

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

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

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

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

Continued from previous page...

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name
* Family name
* Nationality
* Place of birth
* Date of birth / /

Personal licence number of
proposed designated
premises supervisor

Issuing authority of that
licence

Full Name Of Existing Designated Premises Supervisor

First name
Family name

* 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

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'

Section 4 of 4

PAYMENT DETAILS

Continued from previous page...

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	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

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	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor

Full name	<input type="text"/>
Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>
	<input type="button" value="Remove this signatory"/>
	<input type="button" value="Add another signatory"/>

and any premises licence to be granted or varied in respect of this application made by

Mr John Kerr
[name of applicant]

concerning the supply of alcohol at

20 Vine place
SUNDERLAND
SR1 3NA

[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.

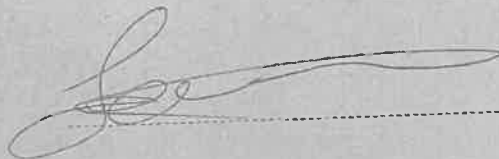
Personal licence number

DCCNPER0004
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

John Kerr

Date

15/10/21

Consent of individual to being specified as premises supervisor

Sandra Helen Hesselewood
[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

20 vine place. SRI 3NA
[type of application]

by

Mr John Kerr
[name of applicant]

relating to a premises licence

000PREM00798
[number of existing licence, if any]

for

20 vine place
Sunderland
SRI 3NA

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