

Appendix 1

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

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

ESTABLISHMENT

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

CAMERONS

* Family name

BREWERY

* 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.

Registration number

03571101

Business name

CAMERONS BREWERY LIMITED

If your business is registered, use its registered name.

VAT number

- 253832795

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

Legal status

Private Limited Company

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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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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

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.

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PUBLIC HOUSE

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth / /

dd mm yyyy

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

☒ 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?

☐ Yes ☒ No

* Reasons why the premises licence or relevant part of it will not be submitted with this application

TO BE FORWARDED BY OUR SOLICITORS MINCOFFS

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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'

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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

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?"

* Full name

PETER NEWTON

* Capacity

SPECIAL PROJECTS MANAGER

* Date

23 / 06 / 2022
dd mm yyyy

Remove this signatory

Full name

Capacity

* Date

/ /
'dd mm yyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

Applicant reference number	ESTABLISHMENT
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	<input type="checkbox"/>

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Consent of individual to being specified as premises supervisor

I DAVID HALPIN
[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

VARIATION OF D.P.S.
[type of application]

by

CAMERONS BREWERY LIMITED
[name of applicant]

relating to a premises licence 00CM PREM00016
[number of existing licence, if any]

for ESTABLISHMENT
34 LOW ROW
SUNDERLAND
SR13PY

.....
[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

CAMERONS BREWERY LIMITED
[name of applicant]

concerning the supply of alcohol at

ESTABLISHMENT
34 LOW ROW
SUNDERLAND
SR1 3PY

.....
[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

00CH09469
[insert personal licence number, if any]

Personal licence issuing authority

LEGAL AND CORPORATE SERVICES, GATESHEAD COUNCIL,
OVIC CENTRE, REGENT STREET, GATESHEAD, NE8 1HH
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

DAVID HALPIN

Date

.....

