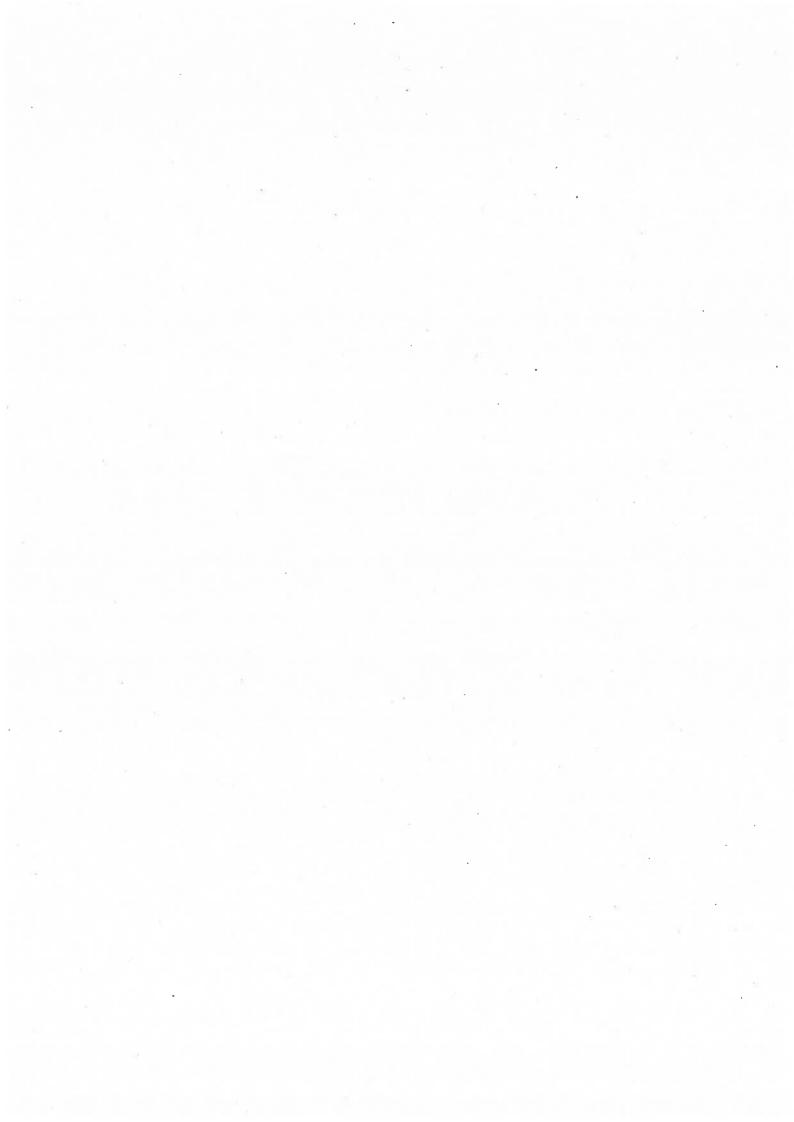
Appendix 1





Sunderland

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

For help contact

licensing@sunderland.gov.uk

Telephone: 0191 5205550

* required information

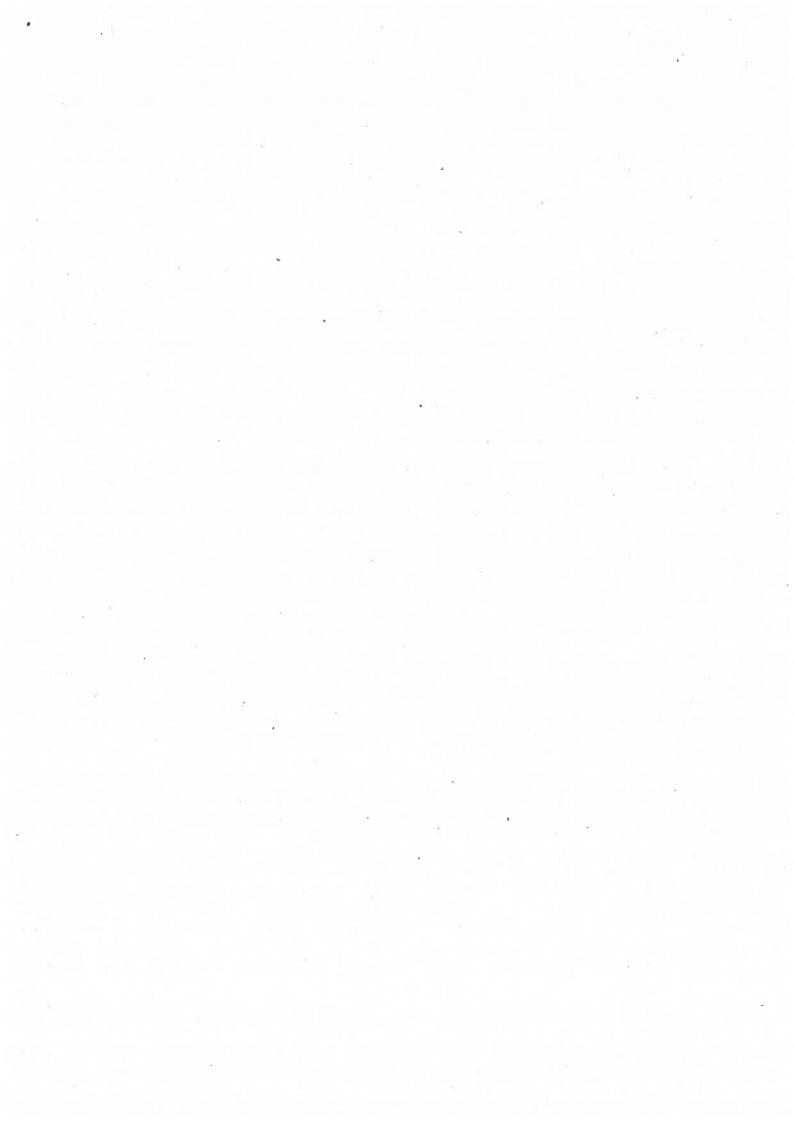
Section 1 of 4		
You can save the form at any	time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently in Use	This is the unique reference for this application generated by the system.
Your reference	ESTABLISHMENT	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
		is passed to the additionty.
Are you an agent acting on b	ehalf of the applicant?	Put "no" if you are applying on your own
C Yes @	No	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	CAMERONS	
* Family name	BREWERY	
* E-mail	THE HEAD OF THE PERSON OF THE	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
 Applying as a business 	or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an individu	al	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 C 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	
* *		

Continued from previous page		
Your position in the business	SPECIAL PROJECTS MANAGER	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	CAMERONS BREWERY	
Street	WALDON STREET	
District		
City or town	HARTLEPOOL	
County or administrative area		
Postcode	TS24 7QS	
Country	United Kingdom	
3		
Section 2 of 4		
PREMISES DETAILS	·	<u>a</u>
I/we apply to vary a premises I section 37 of the Licensing Act	icence to specify the individual named in this at 2003.	application as the premises supervisor under
* Premises licence number	OOCMPREM00016	
Are you able to provide a post	al address, OS map reference or description of	the premises?
	p reference O Description	
Address		
* Building number or name	ESTABLISHMENT	= 1
* Street	34 LOW ROAD	
District		
* City or town	SUNDERLAND	
County or administrative area		•
Postcode	SR1 3PY	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example 1	ample, what type of premises it is	,

Continued from previous page		
PUBLIC HOUSE		
t		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	signated Premises Supervisor	
* First name	DAVID	
* Family name	HALPIN	(4)
* Nationality	BRITISH	
* Place of birth		
* Date of birth		
	dd mm yyyy	
Personal licence number of proposed designated	OOCH09469	
premises supervisor	COCITO7407	
Issuing authority of that	GATESHEAD COUNCIL	
licence	GATESTIEAD COUNCIL	* *
Full Name Of Existing Desig	nated Premises Supervisor	
First name	MARK	
Family name	CONNOR	
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the
Yes	C No	existing premises supervisor is suddenly indisposed or unable to work.
☑ I will notify the existing	ng premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing,
€ 1		without sharing the specific details of the application.
* Will the premises licence or application?	relevant part of it be submitted with this	άρρισατιστι
C Yes	No	
* Reasons why the premises li	icence or relevant part of it will not be submitted w	vith this application
TO BE FORWARDED BY OUR S	SOLICITORS MINCOFFS	W
2	7	

Continued from previou	is page	
How will the consent to be supplied to the aut	form of the proposed designated premises supervisor hority?	
C Electronically, by	the proposed designated premises supervisor	
 As an attachmer 	nt to this variation	
Reference number for form (if known)	consent	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		
This fee must be paid This formality requires	to the authority. If you complete the application online s a fixed fee of £23	e, you must pay it by debit or credit card.
DECLARATION		
	e completed by the applicant, unless you answered "Yest?" PETER NEWTON SPECIAL PROJECTS MANAGER 23 / 06 / 2022 dd mm yyyy Remove this signatory	
Full name Capacity * Date	dd mm yyyy Remove this signatory Add another signatory	

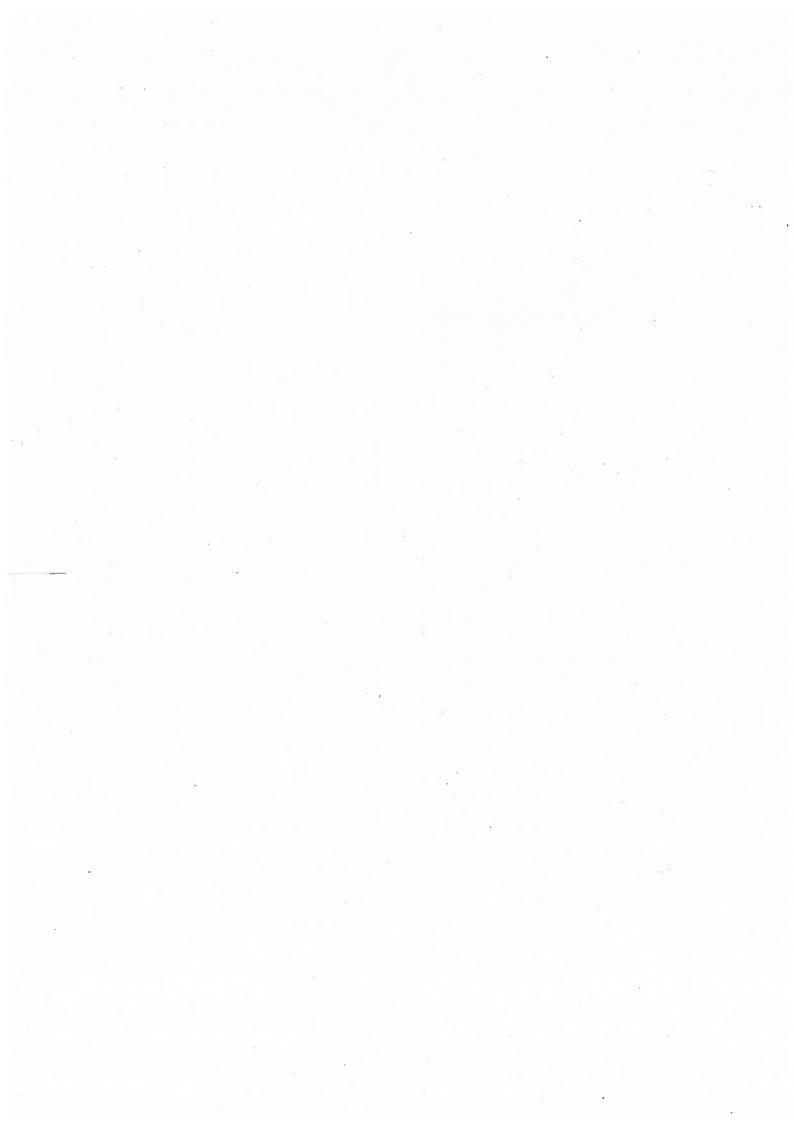
OFFICE USE ONLY		
Applicant reference number	ESTABLISHMENT	
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code	H P	
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
ls Digitally signed		,
1 <u>2</u> <u>3</u> <u>4</u>	Next >	



Consent of individual to being specified as premises supervisor

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		
[type of application]		
by		
CAMERONS BREWERY LIMITED		
[name of applicant]		
relating to a premises licence 00 CM PREM 000 16 [number of existing licence, if any]		
for ESTABLISHMENT		
34 LON ROW		
SUNDERLAND		
5R13P7		

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



	by
	CAMERONS BREWERY LIMITED
	concerning the supply of alcohol at
	ESTABLISHMENT
	34 Lon Ron
	GUNDERLAND
	SRI3PY
	E3442144
	[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
	00 CH 09469
	[insert personal licence number, if any]
	Personal licence issuing authority
	LEGAL AND CORPORATE SERVICES, GATESHEAD COUNCIL
	OVIC CENTRE, REGENT STREET, GATESHEAD, NEBIHH [insert name and address and telephone number of personal licence issuing authority, if any]
	Signed
•	
	Name (please print)

	Data
	Date

