

Appendix 21

* 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

jungle bar 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

JOHN

* Family name

KERR

* 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.

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Your Address

Address official correspondence should be sent to.

* Building number or name	20
* Street	VINE PLACE
District	
* City or town	sunderland
County or administrative area	
* Postcode	SR13NA
* Country	United Kingdom

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	00CMPREM00798
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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	20
* Street	VINE PLACE
District	
* City or town	SUNDERLAND
County or administrative area	
Postcode	SR13NA
* Country	United Kingdom

Contact Details

E-mail	
Telephone number	
Other telephone number	

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

BAR/ NIGHT CLUB

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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

* 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)

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.

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

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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

JOHN KERR

* Capacity

300

* Date

22 / 10 / 2021
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	jungle bar LETS GET WILD
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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