

# Appendix A

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

Your reference  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	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	JUNGLEBARSUNDERLAND@GMAIL.COM
Telephone number	0191 266 9946
Other telephone number	

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

BAR/ NIGHT CLUB

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

☒ 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

*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

## 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

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

by 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, and intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

00CMRPR03262

(insert personal licence number, if any)

Personal licence issuing authority

SUNDERLAND

(insert name and address and telephone number of personal licence issuing authority, if any)

Signed



Name (please print)

MARK MORRISON

Date

22.10.2021

Consent of individual to being specified as premises supervisor

Mark Morrison

(full name of production premises supervisor)



of

(name and address of production premises supervisor)

I hereby confirm that I give my consent to be specified as this designated premises supervisor in relation to the application for

by

SR1 3NA

20 vine place

SUNDERLAND

(type of application)

by

Mr John Kerr

(name of applicant)

relating to a premises licence

00CMRPR000798

(number of existing licence, if any)

for

20 vine place

SUNDERLAND

SR1 3NA

(name and address of premises to which the application relates)