

Telephone number of Premises

Licensing Team North Norfolk District Council **Council Offices** Holt Road Cromer Norfolk **NR27 9EN**

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(office use only)

Schedule 5 of the Licensing Act 2003

Application to vary a premises licence to specify an individual as designated

premises supervisor under the Licensing Act 2003				
PLEASE READ THE FOLL	OWING INSTRUCTIONS FIRST			
Before completing this form please read the guid	dance notes at the end of the form.			
If you are completing this form by hand please we your answers are inside the boxes and written in You may wish to keep a copy of the completed for the complete for t	•			
I / We (Full name(s) of premises licence holder) licence holder, apply to vary a premises licer application as the premises supervisor unde				
Premises licence number				
Part 1 – Premises Details				
Postal address of premises or, if none, ordnan	ce survey map reference or description			
Post town	Post code			

General description of premises (please read guidance note 1)
Part 2 – Premises Supervisor
Full name of proposed designated premises supervisor
Resident address of proposed designated premises supervisor
Personal licence number of proposed designated premises supervisor and issuing authority of that licence, if any
Full name of existing designated premises supervisor (if any)

	Please tick √
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	
I have enclosed the premises licence or relevant part of it	
(If you have not enclosed the premises licence, or relevant part of it, please give r	easons why not)
Reasons why I have failed to enclose the premises licence or relevant part of it	
CHECKLIST	Please tick √ Yes
I have made or enclosed payment of the fee	
I will give a copy of this application to the Chief Officer of Police	
■ I have enclosed the consent form completed by the proposed premises superv	visor
■ I have enclosed the premises licence, or the relevant part of it or explanation	
■ I will give a copy of this form to the existing premises supervisor, if any	
■ I understand that if I do not comply with the above requirements or my application is not completed correctly, my application will be rejected	

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures

Please read guidance note 2

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	
	cant or 2 nd applicant's solicitor or other authorised ing on behalf of the applicant please state in what
Signature	
Date	
Capacity	
Contact name (where not previously given) a this application (please read guidance note 5)	and address for correspondence associated with
Post Town:	Postcode:
Daytime contact telephone number	
E-mail address (optional)	

Guidance Notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.