Licensing South Kesteven District Council St Peter's Hill Grantham NG31 6PZ Tel: 01476 406080 Email: licensing@southkesteven.gov.uk www.southkesteven.gov.uk



## Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]

of

I

[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	
[name of applicant]	
relating to a premises licence	[number of existing licence, if any]
for	

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

[name of applicant]			

concerning the supply of alcohol at

[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

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Date

-----

Name (please print)

-----

\_\_\_\_\_