



Licensing Section
Civic Centre
Duke Street
CHELMSFORD, Essex
CM1 1JE

01245 606727
licensing@chelmsford.gov.uk

Consent of individual to being specified as premises supervisor

I _____
[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

_____ *[name of applicant]*

relating to a premises licence _____
[number of existing licence, if any]

for

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

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

.....

Name (please print)

.....

Date

.....