



BASILDON DISTRICT COUNCIL

LICENSING AUTHORITY

The Basildon Centre, St. Martin's Square
Basildon, Essex, SS14 1DL

TYPETALK AVAILABLE
TELEPHONE: (01268) 533333 • FAX: (01268) 294550 • DIRECT LINE: (01268) 294280

Consent of individual to being specified as premises supervisor under the Licensing Act 2003

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 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)

..... dated