**Licensing Team Westmorland & Furness Council**

South Lakeland House, Lowther Street, Kendal LA9 4DQ

Tel: 0300 373 3300 Email: licensing@westmorlandandfurness.gov.uk

**Consent of individual to being specified as premises supervisor**

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| --- |
|  |

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

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|  |

*[type of application]*

by

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|  |

*[name of applicant]*

|  |
| --- |
|  |

relating to a premises licence

*[number of existing licence, if any]*

for

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| --- |
|  |

*[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

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|  |

*[name of applicant]*

concerning the supply of alcohol at

|  |
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*[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

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|  |

*[insert personal licence number, if any]*

Personal licence issuing authority

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|  |

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

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|  |

Signed

|  |
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|  |

Name (please print)

|  |
| --- |
|  |

Date