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| Description: Broxtowe Logo 4col | **Broxtowe Borough Council**  **Licensing Section**  **Public Protection Division Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB**  **Phone: 0115 917 3241 Fax: 0115 917 3683**  **Email: licensing@broxtowe.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 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, address and telephone no of authority*

Signed: …………………………………………………

Name: ………………………………………………….

*Please print name*

Date: ……………………………………………………