Prendix 1

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11 WE CICOTREY HO (full name(s) of premises lidence holder)

section 37 of the Licensing Act 2003

Environment & Regulatory Services Licensing, Public Protection

Marmion House Lichfield Street Tamworth Staffordshire B79 7BZ

Telephone - 01827 709 445

Fax - 01827 709 434

Application to vary a premises licence to specify an individual as designated premises supervisor under the **Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under

Premises licence number /	
Pacy 105	174
·	1
Part 1 – Premises details	
Postal address of premises or, if none, ordnar description	nce survey map reference or
LOWER GUNGA75	
	P
Post town	Post code (if known)
TAMWORTH	B79 7A7
Telephone number (if any)	•

Depot Assets & Environment

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SI 2005 No. 42 Schedule 5 Date of Issue 7 February 2005

Description of premises (please read guidance note 1)

SPORTS PAR

Full name of proposed designated premises supervisor
SARAH LOUISE HOPKINS
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)
BIRMINGUAD CITY COUNCIL
Full name of existing designated premises supervisor (if any)
Please tick yes
I would like this application to have immediate effect under section 38 of the Licensing Act 2003
I have enclosed the premises licence or relevant part of it
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)
Reasons why I have failed to enclose the premises licence or relevant part of it
Please tick yes
I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police I have enclosed the consent form completed by the proposed premises
supervisor I have enclosed the premises licence, or relevant part of it or explanation I will give a copy of this form to the existing premises supervisor, if any I understand that if I do not comply with the above requirements my application will be rejected
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guida	nce note 2)	
Signature of applicant or applicant's s (See guidance note 3). If signing on beh capacity.	olicitor or other duly authorised agent alf of the applicant please state in what	
Signature , , ,	_	
Date 2.5 /7 / 14	-	
Capacity RALTNC-R		
For joint applicants signature of 2 nd ap authorised agent (please read guidance applicant please state in what capacity		
Signature	- Annual Control of the Control of t	
Date 25/7/14		
Capacity RLTWCL		
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		
Post town	Post Code	
Telephone number (if any)		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)		

Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.



Licensing, Public Protection, Assets and Environment, Tamworth Borough Council Marmion House, Lichfield Street Tamworth, Staffordshire, B79 7BZ

Telephone - 01827 709 445 Fax - 01827 709 434 Email - publicprotection@tamworth.gov.uk

Consent of individual to being specified as premises supervisor

SARAH LOUIS (Insert full name of prospective p.	Y .	
0.5		
Of - (Insert full home address, including	an postcodo)	
(msert run nome address, includir	ig postcode)	
Hereby confirm that I give my consent application for	t to be specified as the designated premises supervisor in relation to the	
CASA BAE BAR (Insert type of application)	By SARAH LOUISE HOPK, DS (Insert name of applicant)	
Relating to a premises licence	(Insert existing licence number, if any) REEM JOS JOINU	
For CASA BAR B	AR REO	
LOWER G	UNGATE TATIWORTH B79 7AT, indee of the premises to which the application relates)	
and any premises licence to be grante	ed or varied in respect of this application made by	
(Insert name of applicant)	YRAH LOUISE HOPKNS.	
concerning the supply of alcohol at:		
CASA BAL BAR RED LOWEL GUNGATE TAMMORTH (Insert 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 Number Issuing Authority	BIRMINGHAM CITY COUNCIL.	
	(Insert name, address and telephone number of personal licence issuing authority, if any)	
Signed	×	
	(Insert signature)	
Name	(Print name) SARAH HOPKIOS	
Date	(Insert date) SARAH HOPKIDS (Insert date) 24/7/2014	