Licensing
South Kesteven District Council
St Peter's Hill
Grantham
NG31 6PZ



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## Consent of individual to being specified as premises supervisor

[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)
Date