



Licensing Act 2003

Consent of Individual to being Specified as Designated Premises Supervisor (DPS)

Once completed, this form should accompany the appropriate application to:

- **Original** Environmental Health - Licensing, Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, PE30 1EX
- **Copy** Norfolk Constabulary Licensing, Bethel Street Police Station, Bethel Street, Norwich, NR2 1NN

Mr Mrs Miss Ms Other title

Surname:

First name(s):

Current postal address

If different from premises address:

Post Town:

Post Code:

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I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

Type of application (e.g. New premises licence, variation of DPS):	
Name of Applicant (i.e. person applying for new licence, vary DPS):	
Name of Premises:	
Address of Premises:	
Premises Licence Number:	

I also confirm that I am entitled to work in the United Kingdom and am applying for / intend to apply for / currently hold* a personal licence, details of which I set out below.

Personal Licence Number:	
Personal Licence Issuing Authority:	

Signed:

Full Name:

Date:

**Please delete as appropriate*