



ALLERDALE BOROUGH COUNCIL

**PART A – CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS A
DESIGNATED PREMISES SUPERVISOR**

Applicant Name:

Allerdale – a great
place to live, work
and visit

Allerdale Borough Council
Allerdale House
Workington
Cumbria
CA14 3YJ
Tel: 01900 702720
Fax 01900 702698

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PART A

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 a premises licence
[number of existing licence, if any]

for

.....
[name and address of premises to which the application relates]

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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
