



**LICENSING ACT 2003**

**CONSENT**

**OF INDIVIDUAL TO BEING SPECIFIED**

**AS PREMISES SUPERVISOR**

**NOTIFICATION**

*Information held by Torbay Council complies with and is held in accordance with the UK Data Protection Act 1998. The information that you provide on this form will only be used for this application form and will only be disclosed where necessary under any applicable legislation.*

*Information may also be shared for the prevention and detection of crime, for example with the police and other agencies as required by law, such as the Audit Commission under the National Fraud Initiative data matching exercise.*

*You have a right of access to your personal information. If you wish to access your personal information or exercise any of your rights under the legislation then please contact Torbay Council's Information Governance team on 01803 20 7467. Further information can be found on the Information Governance pages on Torbay Council's Internet site at, [www.torbay.gov.uk](http://www.torbay.gov.uk)*

**Completed forms should be returned to:**

**Environmental Health Manager (Commercial)**  
**Torbay Council**  
**Community Safety**  
**C/O Torquay Town Hall**  
**Castle Circus**  
**Torquay**  
**TQ1 3DR**

**Contact Details:**

**Tel: 01803 208025**

**Web: [www.torbay.gov.uk](http://www.torbay.gov.uk)**

**Email: [licensing@torbay.gov.uk](mailto:licensing@torbay.gov.uk)**



Consent of individual to being specified as premises supervisor

I Susan Holmes .....  
[full name of prospective premises supervisor]

Of [redacted] .....  
.....  
.....  
.....  
[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

New Premises licence The Holiday Shop, Cliff Park Road, Goodrington Paignton TQ4 6NB .....  
[type of application]

By Susan Holmes .....  
[name of applicant]

relating to a premises licence .....  
[number of existing licence, if any]

For Holiday Shop, Cliff Park Road, Goodrington, Paignton, TQ4 6NB .....  
.....  
.....  
.....  
[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

Susan Holmes.....  
[name of applicant ]

concerning the supply of alcohol at Holiday Shop, Cliff Park Road, Goodrington, Paignton, TQ4 6NB .....  
.....  
.....  
.....  
[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 Cornwall Council .....  
.....  
.....  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed S.Holmes .....

Name (please print) Susan Holmes .....

Date 11/02/2021 .....