

LICENSING ACT 2003

APPLICATION TO VARY PREMISES LICENCE TO SPECIFY AN INDIVIDUAL AS DESIGNATED 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

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

Email: licensing@torbay.gov.uk



FORM N

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.

I / we Anthony Peter Ralph

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

PL0878

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

Jackz Bar
Parkham Road

Post town
Brixham

Post code (if known)
TQ5 9BU

Telephone number (if any)

Description of premises (please read guidance note 1)

Upstairs bar

Part 2

Full name of proposed designated premises supervisor

Anthony Peter Ralph

Nationality

██████████

Place of birth

██████████

Date of birth

██████████

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

SGC043872

Full name of existing designated premises supervisor (if any)

Stephanie Heather Trust

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

Y

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

N/A

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

I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

[APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature	[REDACTED]
Date	23/3/22
Capacity	GENERAL MANAGER

For joint applicants signature of 2nd applicant 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town

Postcode

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 ACT 2003
CONSENT
OF INDIVIDUAL TO BEING SPECIFIED
AS PREMISES SUPERVISOR

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FORM R

Consent of individual to being specified as premises supervisor**I Anthony Peter Ralph***[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**

Transfer of DPS

*[type of application]***by** Anthony Peter Ralph*[name of applicant]***relating to a premises licence PL0878***[number of existing licence, if any]***for Jackz Bar, Parkham Road, Brixham, Devon TQ5 9BU***[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**

Anthony Peter Ralph

*[name of applicant]***concerning the supply of alcohol at Jackz Bar, Parkham Road, Brixham, Devon TQ5 9BU***[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** SGC043872*[insert personal licence number, if any]***Personal licence issuing authority** SOUTH GLOUCESTERSHIRE COUNCIL*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed 

Name *Anthony Peter Ralph*

Date 21/03/2022