

APPENDICES

NEW PREMISES LICENCE APPLICATION

**ABEL HOUSE, UNIT 1 & 2, STATION ROAD, ROWLANDS GILL, NE39
1QD**

19/05/17.

Application for a premises licence to be granted
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/ Stephen Oliver
~~We~~

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises details

| | | | |
|---|---------------|----------|-----------|
| Postal address of premises or, if none, ordnance survey map reference or description Station Road ABEL HOUSE UNIT 1 & 2 STATION ROAD | | | |
| Post town | Rowlands Gill | Postcode | NE39 1 QD |

| | |
|---|--------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ 5300 |

Part 2 - Applicant details

Please state whether you are applying for a premises licence as Please tick as appropriate

- a) an individual or individuals * please complete section (A) ✓
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)

- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a

statutory function or

a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | |
|--|---------------|---|-------------|--------------------------------|--|
| Mr <input checked="" type="checkbox"/> | Mrs | Miss | Ms | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| OLVER | | | STEPHEN | | |
| Date of birth over <input checked="" type="checkbox"/> | | I am 18 years old or | | Please tick yes | |
| Nationality | | [REDACTED] | | | |
| Current residential address if different from premises address | | AGED MINERS HOMES HIGH SPEN ROWLANDS GILL | | | |
| Post town | ROWLANDS GILL | | Postcode | NE39 [REDACTED] | |
| Daytime contact telephone number | | [REDACTED] | | | |
| E-mail address (optional) | | [REDACTED] | | | |

SECOND INDIVIDUAL APPLICANT (if applicable)

| | | | | | |
|----|-----|------|----|--------------------------------|--|
| Mr | Mrs | Miss | Ms | Other Title (for example, Rev) | |
|----|-----|------|----|--------------------------------|--|

| | | | |
|---|--|--|--|
| Surname | | First names | |
| Date of birth over | | I am 18 years old or <input type="checkbox"/> Please tick yes <input type="checkbox"/> | |
| Nationality | | | |
| Current postal address if different from premises address | | | |
| Post town | | Postcode | |
| Daytime contact telephone number | | | |
| E-mail address (optional) | | | |

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

| |
|---|
| Name |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

Part 3 Operating Schedule

DD MM YYYY

When do you want the premises licence to start?

01 07 2017

DD MM YYYY

If you wish the licence to be valid only for a limited period, when do you want it to end?

Please give a general description of the premises (please read guidance note 1)

A SINGLE STOREY UNIT, CURRENTLY AN ART STUDIO AND GALLERY ON STATION RT. ROWLANDS GILL.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E) ✓
- f) recorded music (if ticking yes, fill in box F) ✓
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) ✓
(if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J) ✓

In all cases complete boxes K, L and M

A

| Plays Standard days and timings (please read guidance note 7) | | | Will the performance of a play take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| Films Standard days and timings (please read guidance note 7) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | |
|--|-------|--------|---|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | Both | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | |
| Sat | | | | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 7) | | | Please give further details (please read guidance note 4) |
|---|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | State any seasonal variations for indoor sporting events (please read guidance note 5) |
| Tue | | | |
| Wed | | | |
| Thur | | | Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6) |
| Fri | | | |
| Sat | | | |
| Sun | | | |

D

| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick</u> (please read guidance note 3) | Indoors |
|---|-------|--------|---|----------|
| Day | Start | Finish | | Outdoors |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | Both |
| Tue | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | |
| Thur | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | |
| Sat | | | | |
| Sun | | | | |

E

| Live music Standard days and timings (please read guidance note 7) | | | Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
|---|------------------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 12.00 | 21.30 | Please give further details here (please read guidance note 4) BUSKERS PLAYING AMPLIFIED AND UNAMPLIFIED. | Both | <input type="checkbox"/> |
| Tue | 12.00 | 21.30 | | | |
| Wed | 12.00 | 21.30 | State any seasonal variations for the performance of live music (please read guidance note 5) | | |
| Thur | 12.00 | 21.30 | | | |
| Fri | 12.00 | 22.00 | Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6) UP TO 21.00 ON BANK HOLIDAY. WEEKENDS. | | |
| Sat | 12.00 | 22.00 | | | |
| Sun | 12.00 | 21.30 | | | |
| | 17.00 | 20.00 | | | |

F

| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
|---|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 12.00 | 21.30 | <u>Please give further details here</u> (please read guidance note 4) BACKGROUND MUSIC ONLY THROUGH SPEAKERS. NO JUKE BOX OR T.V. | Both | <input type="checkbox"/> |
| Tue | 12.00 | 21.30 | | | |
| Wed | 12.00 | 21.30 | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| Thur | 12.00 | 21.30 | | | |
| Fri | 12.00 | 22.00 | <u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | |
| Sat | 12.00 | 22.00 | | | |
| Sun | 12.00 | 21.30 | | | |

G

| Performances of dance Standard days and timings (please read guidance note 7) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | |
| Sat | | | | | |
| Sun | | | | | |

H

| | | | | | |
|---|-------|--------|--|----------|-------------------------------------|
| <p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p> | | | <p>Please give a description of the type of entertainment you will be providing</p> | | |
| Day | Start | Finish | <p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</p> | Indoors | <input checked="" type="checkbox"/> |
| Mon | 12.00 | 21.30 | | Outdoors | <input type="checkbox"/> |
| Tue | 12.00 | 21.30 | <p>Please give further details here (please read guidance note 4)</p> | | |
| Wed | 12.00 | 21.30 | | | |
| Thur | 12.00 | 21.30 | <p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p> | | |
| Fri | 12.00 | 22.00 | | | |
| Sat | 12.00 | 22.00 | <p>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)</p> | | |
| Sun | 12.00 | 21.30 | | | |

I

| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | |
|---|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6) | | |
| Sun | | | | | |

J

| | | | | | |
|--|-------|--------|--|---------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption - please tick (please read guidance note 8) | On the premises | |
| Day | Start | Finish | | Off the premises | |
| Mon | 12.00 | 21.30 | State any seasonal variations for the supply of alcohol (please read guidance note 5) | Both | <input checked="" type="checkbox"/> |
| Tue | 12.00 | 21.30 | | | |
| Wed | 12.00 | 21.30 | | | |
| Thur | 12.00 | 21.30 | Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6) | | |
| Fri | 12.00 | 22.00 | | | |
| Sat | 12.00 | 22.00 | | | |
| Sun | 12.00 | 21.30 | | | |

OPEN TILL 22.00 ON BANK
HOLIDAY WEEKENDS, FRI, SAT, SUN,
MON. MIDNIGHT 24.00 NEW
YEARS EVE.

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

| | |
|--|--|
| Name | STEPHEN OLVER |
| Date of birth | [REDACTED] |
| Address | AGED MINERS HOMES HIGH SPEN ROWLANDS GILL TYNE & WEAR |
| Postcode | NE39 [REDACTED] |
| Personal licence number (if known) | |
| Issuing licensing authority (if known) | GATESHEAD |

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

NO TV OR ANY NUDITY OR SEMI NUDITY TO BE SHOWN.
NO GAMING MACHINES

L

| Hours premises are open to the public Standard days and timings (please read guidance note 7) | | | State any seasonal variations (please read guidance note 5) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | 12.00 | 21.30 | |
| Tue | 12.00 | 21.30 | |
| Wed | 12.00 | 21.30 | |
| Thur | 12.00 | 21.30 | <u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6) NEW YEARS EVE 24.00. BANK HOLIDAY WEEKENDS FRI 12.00 - 22.00 SAT 12.00 - 22.00 SUN 12.00 - 22.00 MON. 12.00 - 22.00 |
| Fri | 12.00 | 22.00 | |
| Sat | 12.00 | 22.00 | |
| Sun | 12.00 | 22.00 | |
| | | | |

M Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

MANAGEMENT WILL CONTROL EXISTING TRAINING OF ALL STAFF TO MAKE THEM AWARE OF PREMISES LICENCE & REQUIREMENTS TO MEET THE FOUR LICENSING OBJECTIVES, WITH ATTENTION TO SELLING OF ALCOHOL TO UNDERAGE PEOPLE. - NO DRUNK & DISORDERLY BEHAVIOUR ON THE PREMISES. - VIGILANCE IN PREVENTING USE & SALE OF ILLEGAL DRUGS AT THE PREMISES. - NO VIOLENT & ANTI SOCIAL BEHAVIOUR. - NO HARM TO CHILDREN

CHALLENGE 25, CCTV SYSTEM INSTALLED WITH RECORDING.

b) The prevention of crime and disorder

CCTV SYSTEM TO MONITOR & RECORD PREMISES FOR THE PREVENTION OF CRIME. - A CLEAR & LEGIBLE NOTICE OUTSIDE PREMISES INDICATING NORMAL HOURS OF OPENING UNDER THE TERMS OF THE PREMISES LICENCE. - NOT SELLING ALCOHOL TO DRUNK CUSTOMERS. - STAFF WILL BE TRAINED TO ASK CUSTOMERS TO USE PREMISES IN AN ORDERLY & RESPECTFUL MANNER. PREVENTION & VIGILANCE IN ILLEGAL DRUGS ON PREMISES. CLEAR NOTICES WARNING CUSTOMERS OF POTENTIAL CRIMINAL ACTIVITY SUCH AS THEFT.

c) Public safety

WELL TRAINED STAFF ADHERANCE TO ENVIRONMENTAL HEALTH REQUIREMENTS. TRAINING & IMPLEMENTING UNDERAGE I.D. CHECKS. - A LOG BOOK OR RECORDING SYSTEM KEPT ON PREMISES TO ENTER ANY PARTICULARS OF INSPECTION, TO BE INSPECTED WHEN REQUIRED BY PERSONS AUTHORISED BY THE LICENSING ACT 2003. - ALL PARTS OF THE PREMISE WILL BE MAINTAINED & KEPT IN GOOD ORDER & SAFE CONDITION.

d) The prevention of public nuisance

MEASURES TAKEN TO REDUCE NOISE & PUBLIC NUISANCE PROMINENT & CLEAR NOTICE DISPLAYED AT EXIT REQUESTING THE PUBLIC TO RESPECT NEEDS OF NEARBY RESIDENTS & LEAVE PREMISES QUIETLY. - DELIVERIES WILL BE CARRIED OUT AT REASONABLE TIMES TO PREVENT DISTURBANCE TO NEARBY RESIDENTS. ALL STAFF ARRIVING OR DEPARTING WILL NOT CAUSE A DISTURBANCE. - CUSTOMERS WILL BE ASKED NOT TO STAND AROUND TALKING LOUDLY OUTSIDE PREMISES. CUSTOMERS WILL NOT BE ADMITTED TO PREMISES OUTSIDE OF OPENING TIMES. MOVING OF BINS WILL BE KEPT TO A MINIMUM. ANY OUTSIDE LIGHTING WILL NOT CAUSE A DISTURBANCE TO NEIGHBOURS

e) The protection of children from harm

CHALLENGE 25 SIGN, A SIGN THAT ANYONE OVER 18 BUT LOOKS UNDER 25 TO CARRY ACCEPTABLE I.D. PHOTOGRAPHIC DRIVING LICENCE, PASSPORT OR A CARD BEARING THE PASS HOLOGRAM, IF THEY WANT TO BUY ALCOHOL. - WELL TRAINED STAFF FOR REQUIREMENTS FOR IDENTIFYING & ESTABLISHING AGE. LOG BOOK TO BE KEPT ON PREMISES AT ALL TIMES.

Checklist:

Please tick to indicate agreement

I have made or enclosed payment of the fee. ✓

I have enclosed the plan of the premises. ✓

I have sent copies of this application and the plan to responsible authorities and others where applicable. ✓

I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ✓

I understand that I must now advertise my application. ✓

I understand that if I do not comply with the above requirements my application will be rejected. ✓

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

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.

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 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

| | |
|-------------|---|
| Declaration | <ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15) |
|-------------|---|

| | |
|-----------|------------|
| Signature | [REDACTED] |
| Date | 21.4.17 |
| Capacity | |

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14) | | | |
| [REDACTED] AGED MINERS HOMES | | | |
| Post town | ROWLANDS GILL | Postcode | NE39 [REDACTED] |
| Telephone number (if any) | [REDACTED] | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
| [REDACTED] | | | |

Notes for Guidance

- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.

Consent of individual to being specified as premises supervisor

STEPHEN OLVER

[full name of prospective premises supervisor]

of [REDACTED] AGED MINERS HOMES
ROWLANDS GILL
NE 39 [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

GRANT

[type of application]

by

STEPHEN OLVER

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for ABEL HOUSE UNIT 122
STATION RD
ROWLANDS GILL
NE 39 1 AD

[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

STEPHEN OLVER
[name of applicant]

concerning the supply of alcohol at
ABEL HOUSE UNIT 122
STATION RD
ROWLANDS GIL

NK39 1QD
[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

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



STEPHEN OLVER
Name (please print)

21-4-17
Date