**Licensing Team**

**Civic Centre**

**Castle Hill Avenue**

**Folkestone**

**Kent CT20 2QY**

[**licensing@folkestone-hythe.gov.uk**](mailto:licensing@folkestone-hythe.gov.uk)

**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

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| --- |
|  |

*[Type of application]*

by

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|  |

*[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]*

and any premises licence to be granted or varied in respect of this application made by

|  |
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|  |

*[Name of applicant]*

concerning the supply of alcohol at

|  |
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|  |

*[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

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| --- |
|  |

*[Insert personal licence number, if any]*

Personal licence issuing authority

|  |
| --- |
|  |

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

|  |
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|  |

Signed

|  |
| --- |
|  |

Name (please print)

|  |
| --- |
|  |

Date