Licensing Team
Civic Centre
Castle Hill Avenue
Folkestone
Kent CT20 2QY
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Consent of individual to being specified as premises supervisor

[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
Vary the Designated Premises Supervisor (DPS) on a premises licence
[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]
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 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]	
0:		
Signed		
Name (please print)		
Date		