

**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 Admiral Taverns Piccadilly Limited

(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

WS/PRL/0236

Part 1 - Premises details

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

King George V
Wallows Lane

Walsall

Post town

Post code (if known)

WS2 9BZ

Telephone number (if any)

Description of premises (please read guidance note 1)

PUBLIC HOUSE

part 2

Full name of proposed designated premises supervisor

No DPS to be appointed .

Nationality

Place of Birth

Date of Birth

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

licence number: .

issuing authority: .

Full name of existing designated premises supervisor (if any)

Mr Raman Singh

please tick yes

i would like this application to have immediate effect under section 38 of the licensing act 2003

☒

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

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

☒

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO KNOWINGLY OR WRECKLESSLY 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 A VALID LEAVE TO ENTER OR REMAIN IN THE UK OR AN ADULT WHO IS SUBJECT TO CONDITIONS WHICH WOULD PREVENT THAT PERSON FROM TAKING UP 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 BY VIRTUE OF THEIR IMMIGRATION STATUS.

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 Darren Kelly

date 26th January 2021

capacity Licensing Team Leader Admiral Taverns

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 5)

CONTACT NAME: Darren Kelly

ADMIRAL TAVERNS LIMITED
4th FLOOR, HQ BUILDING,
58 NICHOLAS STREET

Post town
CHESTER

Post Code
CH1 2NP

Telephone number (if any) 01244 505 427

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

darren.kelly@admiraltaverns.co.uk

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