

### **ASHFORD BOROUGH COUNCIL**

Licensing Authority, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL

## Request to be removed 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 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		
Premises Licence number (if known)		
Part 1 – Premises Details		
Postal address of Premises or, if none, ordnance survey map reference or description		
Post town	Post code	
Post town Telephone number (if any)	Post code	
Telephone number (if any)		
Telephone number (if any)		

### Part 2

Full name & address of outgoing Designated Premises Supervisor
Personal Licence Number:
Issuing Authority:
NOTE: Please complete Section A if you are the Premises Licence Holder - if not, please complete Section B.
Section A Please tick ✓ yes
I have enclosed the Premises Licence or relevant part.
OR
I have provided reasons why I have failed to enclose the premises licence or relevant part.
I am aware that, under Section 56, paragraph 2-4 of the Licensing Act 2003, it is a relevant offence if I fail, without reasonable excuse, to comply with the requirement to produce my existing licence.
I understand that if I do not comply with the above requirements my notification will be rejected.
Reasons why I have failed to enclose the Premises Licence or relevant part of it
Section B Please tick ✓ yes
I am <b>not</b> the Premises Licence Holder.
I have sent a copy of this notice to the Premises Licence Holder.

I have directed the Premises Licence Holder to send the Premises Licence or relevant part to the Licensing Authority within **14 days.** 

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION		
Part 3 – Signatures (please read guidance note 2)		
Signature of Outgoing Designated Premises Supervisor		
Signature		
Date		
Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 3)		
Post town	Post code	
Telephone number (if any)		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)		

Reasons why I have failed to send a copy of this notice to the Premises Licence Holder and direct him/her to send the Premises Licence or relevant part to the Licensing Authority within 14 days.

# Notes for guidance

- 1. Describe the Premises. For example the type of Premises it is.
- 2. The application form must be signed.
- 3. This is the address which we shall use to correspond with you about this application.
- 4. Where relevant, ensure the template is completed and sent to the Premises Licence Holder.