

# Blackpool Council

**APPLICATION TO VARY  
THE DESIGNATED PREMISES SUPERVISOR**

|                                   |  |
|-----------------------------------|--|
| <b>Name of Licence Holder(s):</b> | <del>M. DANIEL ROBERT THOMSON</del><br>Q'S BLACKPOOL LLP |
|-----------------------------------|--|



Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

**Contact**

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)

# Schedule 5

## 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 this 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.

Full name/s of the premises licence holder/s:

- 1) ~~DANIEL ROBERT THOMSON~~
- 2) Q'S BLACKPOOL LLP
- 3)
- 4)

I/We the premises licence holder/s named above, 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:

PL1314

### Part 1 – Premises Details

|          |  |           |   |   |   |
|----------|--|-----------|---|---|---|
| Premises | BAR/CLUB                               |           |   |   |   |
| Name &   | Q'S SPORTS LOUNGE, 249-255 LYTHAM ROAD |           |   |   |   |
| Address  | BLACKPOOL                              | Post Code | F | Y | I |
|          |  |           |   | 6 | E |

|                  |              |               |  |
|------------------|--------------|---------------|--|
| Telephone Number | 01253 346578 | Mobile Number |  |
|------------------|--------------|---------------|--|

|                |  |
|----------------|--|
| E-Mail Address |  |
|----------------|--|

Description of premises (please read guidance note 1)

POOL & SNOOKER Hall/CLUB

**Part 2**

|   |   |                             |                            |                          |                             |
|---|---|-----------------------------|----------------------------|--------------------------|-----------------------------|
| <b>Please give the full name of the proposed Designated Premises Supervisor</b> |   |                             |                            |                          |                             |
| <b>Title:</b>   | <input checked="" type="radio"/> Mr     | <input type="radio"/> Mrs   | <input type="radio"/> Miss | <input type="radio"/> Ms | <input type="radio"/> Other |
| <b>Surname</b>  | THOMSON                                 |                             | <b>Forenames</b>           | DANIEL, ROBERT           |                             |
| <b>State any previous names</b>   |   |                             |                            |                          |                             |
| <small>Please Tick</small>  |   |                             |                            |                          |                             |
| <b>They are 18 years old or over</b>  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Their Date of Birth</b> |                          |                             |
| <b>Home Address</b>   |   |                             |                            |                          |                             |
|   | BLACKPOOL                               |                             |                            |                          |                             |
|   |   |                             |                            | <b>Post Code</b>         | FY4                         |
| <b>Telephone Number</b>   | _____                                   |                             | <b>Mobile Number</b>       |                          |                             |
| <b>E-Mail Address</b>   |   |                             |                            |                          |                             |
| <b>Personal Licence Number:</b>   | PA4758                                  |                             |                            |                          |                             |
| <b>Expiry Date:</b>   | N/A.                                    |                             |                            |                          |                             |
| <b>Name and address of the issuing Authority of the Personal Licence:</b>       | BLACKPOOL COUNCIL                       |                             |                            |                          |                             |
| <b>Full name of the existing designated premises supervisor (if any)</b>        |   |                             |                            |                          |                             |
| <b>Surname</b>  | BOWMAN                                  |                             | <b>Forenames</b>           | Karl                     |                             |

If yes please tick

- I would like this application to have immediate effect under section 38 of the Licensing Act 2003
- I have enclosed the premises licence and summary.

If you have not enclosed the premises licence or the relevant part of it, you are required to give reasons why not:

|  |
|--|
| <b>Reasons why I have failed to enclose the premises licence or the relevant part of it.</b> |
| Waiting on previous owner to send in.  |



**Part 2 continued:**


If yes please tick

- I have made or enclosed payment of the fee (£23)
- 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 and summary or have given reasons why not
- 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, 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 applicant or applicant’s solicitor or other duly authorised agent.** (please see guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

|                    |  |
|--------------------|--|
| <b>Signature:</b>  |  |
| <b>Capacity:</b>   | <del>MANAGER</del> OWNER   |
| <b>Print Name:</b> | Mr DANIEL THOMSON  |
| <b>Date:</b>       | 19.09.16   |

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

|                    |  |
|--------------------|--|
| <b>Signature:</b>  |  |
| <b>Capacity:</b>   |  |
| <b>Print Name:</b> |  |
| <b>Date:</b>       |  |

Contact name (where not previously given) and address for correspondence associated with this notice (please see guidance note 5).

|                   |  |
|-------------------|--|
| Full Name:        | DANIEL ROBERT THOMSON                  |
| Contact Address:  | 249-255 LYHAM rd, BLACKPOOL<br>FY1 6ET |
| Telephone number: | 01253 346578                           |
| Email address:    |  |

### 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, the applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.