

24 MAR 2017

**APPLICATION TO VARY
THE DESIGNATED PREMISES SUPERVISOR**

**Name of Licence
Holder(s):**

Paula Pierson

Paula Pierson .



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

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) ~~FRANCIS GARRIS~~
- 2)
- 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:

PL0847

Part 1 – Premises Details

Premises Name & Address	OLIVIA ROSE VINTAGE TEAROOMS			
	62 NORMBY ROAD BLACKPOOL			
	Post Code	F 4 1	4 Q J	

Telephone Number		Mobile Number	
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E-Mail Address	
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Description of premises (please read guidance note 1)

Vintage tea rooms, selling alcohol with hot meals on 1 ground floor, with car covering outside & inside of property.

Part 2

Please give the full name of the proposed Designated Premises Supervisor					
Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other
Surname	GRIGGINS		Forenames	ANTONY	
State any previous names					
<small>Please Tick</small>					
They are 18 years old or over	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Their Date of Birth		
Home Address	62 WORMBY ROAD				
	BLACULOCK				
	Post Code	F	4	1	49J
Telephone Number			Mobile Number		
E-Mail Address					
Personal Licence Number:	128917				
Expiry Date:	2027				
Name and address of the issuing Authority of the Personal Licence:	SANDFORD CRY COUNCIL, TURNPIKE HOUSE 631 ECCLES NEW ROAD, SANDFORD M50 1SW				
Full name of the existing designated premises supervisor (if any)					
Surname			Forenames		

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:

Reasons why I have failed to enclose the premises licence or the relevant part of it.
NOT left at Premises.


Part 2 continued:

- | | |
|--|---------------------------|
| | If yes please tick |
| • I have made or enclosed payment of the fee (£23) | <input type="checkbox"/> |
| • I will give a copy of this application to the Chief Officer of Police | <input type="checkbox"/> |
| • I have enclosed the consent form completed by the proposed premises supervisor | <input type="checkbox"/> |
| • I have enclosed the premises licence and summary or have given reasons why not | <input type="checkbox"/> |
| • I will give a copy of this form to the existing premises supervisor, if any | <input type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected | <input type="checkbox"/> |

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.**

Signature:	
Capacity:	Lic Holder
Print Name:	
Date:	

For joint applications signature of 2nd applicant or 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:	
Capacity:	
Print Name:	
Date:	

Blackpool Council

CONSENT OF DPS FORM

**Premises Licence
holder(s):**

miss Paula Pierson



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Schedule 11

Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Licensing Application:
MR ANTONY GRIFFITHS	Vary DPS.

Home address of the prospective premises supervisor:
5 BECTON ROAD, WALLDEN MANCHESTER M28 3AX. Updated on PAL with Salford to 62 Hornby Rd


Full name(s) of Premises Licence holder:	Premises Licence number (if any):
MISS PAULA Pierson	PL 0847

Name and address of the premises to which the application relates:
62 Hornby Road BLACKPOOL FY1 4QJ.

I, the prospective premises supervisor named above, of the address specified above, hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the licence named above by the applicant named above, relating to the premises licence number specified as above if any, for the premises the application relates to listed above and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises the application relates to specified above. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details as set out below.

Personal Licence Number:	128917.
Expiry Date on Personal Licence:	DOESN'T HAVE ONE ON.

Name of Personal Licence issuing authority:	SALFORD CITY COUNCIL
Address of issuing authority:	TURNPIKE HOUSE, 631 ECCLES NEW ROAD, SALFORD M50 1SW
Telephone of issuing authority:	0161 793 2500.

Signed by proposed DPS:	 (DPS.)
Print Name:	ANTHONY GRIFFITHS
Date:	24/3/18