

Transfer / Vary DPS / T.E.N. - Tracking Sheet

Lalpac Number

Name of Premises

Type of Application Transfer Vary DPS T.E.N.

Check: Gaming Machine Permit ARF Outstanding Insolvency Register

Received Council	<input type="text" value="22"/> <input type="text" value="10"/> <input type="text" value="14"/>	Payment	Required <input checked="" type="checkbox"/>	Received <input type="text" value="pd"/>	Approved <input type="text" value="RV"/>
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Received Licensing	<input type="text" value="22"/> <input type="text" value="10"/> <input type="text" value="14"/>	T.E.N. form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Received Police *	<input type="text" value="22"/> <input type="text" value="10"/> <input type="text" value="14"/>	Application to transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Received EP (TENs only)	<input type="checkbox"/>	Consent to transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Application starts	<input type="text" value="24"/> <input type="text" value="10"/> <input type="text" value="14"/>	Application to vary DPS	<input checked="" type="checkbox"/>	<input type="text" value="pd"/>	<input type="text" value="RV"/>
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Last date for representations	<input type="text" value="6"/> <input type="text" value="11"/> <input type="text" value="14"/>	DPS Consent Form	<input checked="" type="checkbox"/>	<input type="text" value="pd"/>	<input type="text" value="RV"/>
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Existing licence	<input checked="" type="checkbox"/>	<input type="text" value="pd"/>	<input type="text" value="RV"/>
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Cheque Cash Card Postal order

Amount T/S

Notes / Police representation received

* Can't take effect until Police also receive transfer. TO: PHILIP SYDNEY BECKETT

Granted Refused Date

Checked by LalPac Authorised by Officer for Issue Date

Blackpool Council

22 OCT 2014

APPLICATION TO VARY THE DESIGNATED PREMISES SUPERVISOR

Name of Licence
Holder(s):

~~FRANCIS TROEN LTD~~ N AND P POISS

Built Environment

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) TANGERING TAVERN LTD 2) N + P PUBS 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:
PL 1969

Part 1 – Premises Details

Premises	TANGERING TAVERN							
Name &	3-5 St Annas Rd BeachPod							
Address		Post Code	F	7	4	2	A	N
Telephone Number	01253 319362	Mobile Number						
E-Mail Address	Tango.Tax@gmail.com							

Description of premises (please read guidance note 1)
Public House.

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	Beckett			Forenames	RUTH SYDNEY				
State any previous names									
Please Tick									
They are 18 years old or over	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Their Date of Birth	Day	Month	Year			
Home Address	129 MARTON DRIVE								
	Beachpool								
	Post Code	F	7	4		3	E	7	
Telephone Number	347058			Mobile Number					
E-Mail Address									
Personal Licence Number:	PA 2479								
Expiry Date:	1 ST MAY 2017								
Name and address of the issuing Authority of the Personal Licence:	Beachpool Council								
Full name of the existing designated premises supervisor (if any)									
Surname	Flynn			Forenames	PETER THOMAS				

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.

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

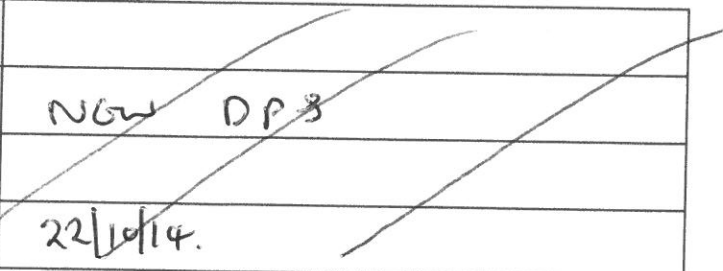
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION


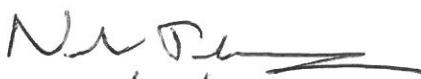
Part 3 – Signatures (please read guidance note 2)

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.**

Signature:	
Capacity:	NEW DPS
Print Name:	MURIEL SANDREY BECKE 17.
Date:	22/10/14

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:	NEW DPS
Print Name:	
Date:	22/10/14.


 DIRECTOR OF N+P PUBS
 NICHOLAS JOHN LOWE

 22/10/14

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

Full Name:	
Contact Address:	
Telephone number:	
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.

Blackpool Council

22 OCT 2014

CONSENT OF DPS FORM

**Premises Licence
holder(s):**

TANGERINE TUNORN LTD

Built Environment

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

Contact

T: (01253) 47 8572 / 8589
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www.blackpool.gov.uk



Schedule 11

Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Licensing Application:
PHILIP SPANEY BECKETT	D.P.S.

Home address of the prospective premises supervisor:
129 MARLOW DRIVE BRACKPOOL FY4 3EY


Full name(s) of Premises Licence holder:	Premises Licence number (if any):
TANGORING TAVERN LTD N+P PUBS	PL 1969

Name and address of the premises to which the application relates:
TANGORING TAVERN LTD 3-5 ST ANNES RD BRACKPOOL FY4 2AN

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:	P.A. 2449
Expiry Date on Personal Licence:	01 MAY 2017

Name of Personal Licence issuing authority:	Brackpool Council
Address of issuing authority:	Brackpool
Telephone of issuing authority:	477 477

Signed by proposed DPS:	
Print Name:	PHILIP SPANEY BECKETT
Date:	22-10-14