



**LICENSING
TOWN HALL
DARLINGTON
DL1 5QT
01325 405888**

**Licensing Act 2003
(Section 41)**

**Notification of Request to be removed as Designated Premises Supervisor
from a Premises Licence**

Both Parts (A&B) of this application form should be completed in **BLOCK CAPITALS** using black ink and accompanied by all relevant documents (see check list)
Any queries please telephone 01325 405888

PART A - Personal Details

Tick as appropriate	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other please state
Surname	First name(s)
Date of Birth	
Address	
County	Post Code
Daytime Contact Number	e-mail (optional)
Personal Licence Number	
Issuing Authority	

I request that I be removed from the premises licence in respect of:-
(insert details relating to premises licence below)

Name of Premises	
Address	
County	Post Code
Daytime Contact Number	e-mail (optional)
PREMISES LICENCE NUMBER	
Signature	Date

PART B

I am also the holder of the premises Licence YES No

If you have answered yes to this question this notice must also be accompanied by the premises licence or the appropriate part of the licence) or, if this is not practicable you must complete the 'statement of reasons' for failure to provide the licence (or part)

If you have answered **No** to the above question you must give, to the premises licence holder, **no later than 48 hours after giving the notice to the Licensing Authority** a copy of this notice

A person commits an offence if he fails, without reasonable excuse to comply with a direction as stated above

Check List	Please ✓ Yes	✓ No
I have enclosed the premises licence or Part	<input type="checkbox"/>	<input type="checkbox"/>
I have sent a copy of the notice to the Licence Holder	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF REASONS

Section 41 Licensing Act 2003

Please give details of the reasons you are unable to enclose a copy of the premises licence or part)

Signature		Date	
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