Portsmouth CITY COUNCIL

Date: / /

Request to be removed as Designated Premises Supervisor

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 or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

This notice, completed as applicable, must be sent to the Licensing Service, Civic Offices, Guildhall Square, Portsmouth, PO1 2AL.
Tel: 023 9268 8367. Fax: 023 9283 48211. Email: licensing@portsmouthcc.gov.uk

1. Your details	
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)	
Surname Forenames	
YOUR ADDRESS	
Post Town	**Post code**

2. THE PREMISES			
IN ACCORDANCE WITH section 41 of the Licensing Act 2003, I give notice that I wish to be removed as Designated Premises Supervisor, with immediate effect for:			
Name of Premises		Licence Number	
Address			

3. Checklist:	**Please tick ✓ yes**
• I have sent a copy of this notice to [ ], the Premises Licence holder.	
• I have sent a copy of this notice to the Chief Officer of Police, Hampshire Constabulary, Licensing Unit, Community Safety, Civic Offices, Guildhall Square, Portsmouth PO1 2AL.	
• I have enclosed both the Premises Licence and Premises Licence Summary for my name to be removed.	
OR	
• I do not have the Premises Licence or Premises Licence Summary but have advised the Premises Licence holder to submit these to you within 14 days of the receipt of this notice (you will need to send the Premises Licence holder a letter)	

4. Declaration			
The information contained in this form is correct to the best of my knowledge and belief.			
SIGNATURE		**DATE**	