



Licensing Act 2003 Section 41

Request to be removed 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 the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure 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.

I (full name of Designated Premises Supervisor) being the Designated Premises Supervisor, notify the Licensing Authority of my wish to cease being the Designated Premises Supervisor under Section 41 of the Licensing Act 2003.

Premises Licence number (if known)

Part 1 – Premises Details

Name & postal address of Premises	
Post town	Post code
Telephone number (if any)	

Part 2

Full name & address of outgoing Designated Premises Supervisor

Personal Licence Number:

Issuing Authority:

NOTE: Please only complete Section A if you are the Premises Licence Holder - if not, please complete Section B.

Section A

Please tick ✓ yes

I have enclosed the Premises Licence or relevant part.

OR

I have provided reasons why I have failed to enclose the premises licence or relevant part.

I am aware that, under Section 56, paragraph 2-4 of the Licensing Act 2003, it is a relevant offence if I fail, without reasonable excuse, to comply with the requirement to produce my existing licence.

I understand that if I do not comply with the above requirements my notification will be rejected.

Reasons why I have failed to enclose the Premises Licence or relevant part of it

Section B

Please tick ✓ yes

I am **not** the Premises Licence Holder.

I have sent a copy of this notice to the Premises Licence Holder.

I have directed the Premises Licence Holder to send the Premises Licence or relevant part to the Licensing Authority within **14 days**.

I understand that if I do not comply with the above requirements my notification will be rejected.

Reasons why I have failed to send a copy of this notice to the Premises Licence Holder and direct him/her to send the Premises Licence or relevant part to the Licensing Authority within 14 days.

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 1)

Signature of Outgoing Designated Premises Supervisor

Signature

Date

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 2)

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Notes for guidance

1. The application form must be signed.
2. This is the address which we shall use to correspond with you about this application.
3. Where relevant, ensure the template is completed and sent to the Premises Licence Holder.

**Designated Premises Supervisor Notification to
Premises Licence Holder to be removed as
Designated Premises Supervisor**

To: (Premises Licence Holder) _____

Premises name and address:

I confirm I, _____, have notified the Licensing Authority to remove me as Designated Premises Supervisor of the above Premises with **immediate effect**.

You are now required under Section 41(4)(b) of the Licensing Act 2003 to produce your Premises Licence (or appropriate part thereof) to the Licensing Authority within **14 days** from the date of this Notification. If this is not possible, you must supply a statement explaining the reasons for the failure to provide the licence (or relevant part thereof). It is an offence liable, on conviction, to a fine up to level 3 on the Standard Scale if you fail to comply with this direction.

You are reminded that NO SUPPLY OF ALCOHOL may be made at time when there is no Designated Premises Supervisor in place, under Section 19 of the Licensing Act 2003.

Signed _____
Outgoing DPS

Date _____