



Leeds
Application to vary a premises licence to specify an individual as designated premises supervisor
Licensing Act 2003

For help contact
entertainment.licensing@leeds.gov.uk
 Telephone: 0113 3785029

* required information

Section 1 of 4

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name If your business is registered, use its registered name.

VAT number Put "none" if you are not registered for VAT.

Legal status

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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Section 2 of 4

PREMISES DETAILS

I/we 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

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Address

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

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Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

Section 4 of 4

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. This formality requires a fixed fee of £23

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

- * I will make payment of the fee on submission of this application.
- * I have attached, or will post to Leeds City Council, the consent form completed by the proposed designated premises supervisor, or I will ensure the designated premises supervisor submits the consent form electronically.
- * I have attached, or will post to Leeds City Council, the premises licence, or the relevant part of it or explanation.
- * 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

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Signature Of Applicant Or Applicant's Solicitor

* Full name

[Redacted]

* Capacity

LICENSING ADMIN

Date (dd/mm/yyyy)

31/05/22.

Consent of individual to being specified as premises supervisor

I, TRACY OBOYLE
of OLD HALF WAY HOUSE
[home address of prospective premises supervisor]

452 LEEDS ROAD
LOFTHOUSE WF3 3AB

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Varying the Designated Premises Supervisor

By

Trust Inns Ltd

relating to a premises licence PREM/00978/011

for

Old Halfway House, 452 Leeds Road, Lofthouse, Wakefield WF3 3AB

and any premises licence to be granted or varied in respect of this application made by: Trust Inns Ltd

concerning the supply of alcohol at

Old Halfway House, 452 Leeds Road, Lofthouse, Wakefield WF3 3AB

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number: [REDACTED]

[insert personal licence number, if any]

Personal licence issuing authority: LEEDS

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed [REDACTED]

Name (please print) TRACY OBOYLE

Date: 31/05/2022