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| https://lh3.googleusercontent.com/H8vauihNZh4vXFbwkVoR0mkTOVHQcWdnEKEUNmYJjjX6aJgkO7dh6xr6IN28uLGO5_sPW4R53bzRmHZrZdJvDZ3JTSUxyrKTy6aFN5MSTjr3ykU4QtVHA8SCHFhwm7DoXG-2GjvX  **Application for the mandatory alcohol condition under the Licensing Act 2003 requiring a Designated Premises Supervisor in respect of a premises licence to be disapplied** |
| 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 that your answers are inside the boxes in written black ink. Use additional sheets if necessary. |

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| Once completed please give your application to *[insert name and address of relevant licensing authority]*. You may wish to keep a copy of the completed form for your records. |

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| We       being a board or committee of individuals with responsibility for the management of the community premises described in Part 1 below, and being the applicant for a premises licence / premises licence holder *[delete as applicable]* in respect of those premises apply for the condition referred to in section 19(4) of the Licensing Act 2003 to be included in the licence instead of the conditions referred to in section 19(2) and (3) of the said Act. (see guidance note 2).  **Part 1 – Community premises details**     |  |  | | --- | --- | | Name of premises | | | Postal address of premises or, if none, ordnance survey map reference, or description | | | Post town | Postcode |   Telephone number at premises (if any)   |  | | --- | |  |   **Premises licence number (if applicable)**   |  | | --- | |  |  |  | | --- | | **Brief description of premises and the composition of the committee or board of individuals with responsibility for the management of the premises** (Please see Guidance Note 3) |  |  | | --- | | **Please describe how you will ensure that alcohol sales are properly supervised and what arrangements you have in place (if any) for hiring out the premises** (Please see Guidance Note 4) |   **Part 2 – Applicant details**  We are the premises licence holder   (*Please tick yes*)  Contact phone number in working hours (if any)   |  | | --- | |  |   **E-mail address (optional)**   |  | | --- | |  |   **Current address (if different from premises address)**   |  | | --- | |  |   **Post Town**   |  | | --- | |  |   **Postcode**   |  | | --- | |  |   **Telephone (if any)**   |  | | --- | |  |   *Please tick yes as appropriate*  I have enclosed the premises licence  I have enclosed the relevant part of the premises licence  This form accompanies a new premises licence application  If you are varying an existing licence and have not ticked one of the first two boxes above, please explain why in the box below.   |  | | --- | | **Reasons why you have failed to enclose the premises licence or relevant parts** |  |  | | --- | | **Any further information to support your application** |   CHECKLIST:-*Please tick yes*    **If applying to remove the mandatory requirements from an existing premises licence that already authorises alcohol sales**  **- I have made or enclosed payment of the fee**  **- I have included documents (if available) which identify the premises**  **and how it is managed**  **- I have included copies of any hiring agreements**  **- I have sent a copy of this application to the chief officer of police**  **- I understand that if I do not comply with the above requirements**  **my application will be rejected**  **If applying alongside a new application or variation for a permission to allow alcohol sales**  **- this application accompanies a new premises licence application / this application accompanies an application to vary an existing premises licence** *[delete as applicable]*  **- I have enclosed the premises licence or relevant part**  **of it or provided an explanation**  **- I understand that if I do not comply with the above requirements**  **my application will be rejected**  **IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**  **Part 3 – Signatures** (Please see guidance note 5)  Signature of applicants. Please provide two signatories of members of the management committee stating in what capacity they represent the premises licence holder.  First Signature |

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| Date    Capacity    Second Signature |

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| Date    Capacity     |  |  | | --- | --- | | **Contact name (where not previously given) and address for correspondence associated with this application** | | | **Post town** | **Postcode** | | **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. This form may be used by a community premises seeking to replace the mandatory conditions in sections 19(2) and 19(3) of the 2003 Act which requires a personal licence holder and Designated Premises Supervisor where a premises allows the supply of alcohol, with the alternative mandatory condition (in section 19(4) of the Act) that the supply of alcohol is instead authorised by the premises licence holder through either:  - applying to remove the mandatory conditions of an existing premise licence which allows the sale of alcohol;  - applying to remove the mandatory conditions when applying for a new premises licence that includes the sale of alcohol; or  - applying to remove the mandatory conditions when applying to vary an existing premises licence to allow the sale of alcohol.  On applying for the removal of the requirement to have a Designated Premises Supervisor, the management committee should understand that if this is granted they will be responsible for all alcohol sales under the licence.  2. The applicant must be a committee or board of individuals with responsibility for the management of the premises – enter name of committee or board.  3. Describe the premises and the management structure. In particular, explain why you consider it to be a community premises i.e. is it available for community benefit most of the time and accessible by a broad range of persons and sectors of the local community for purposes beneficial to the community as a whole. If the community premises is a registered charity, please include its Charity Commission number. Set out how the premises is managed and the structure of the committee or board of individuals with responsibility for its management (including the names of the committee’s of board’s key officers, e.g. the chair, secretary, treasurer). Please include any documents e.g. a written constitution or other management documents that show the structure of the premises and how it is managed.  4. Describe how the supervision of alcohol sales is to be ensured in different situations (including e.g. when the community premises is hired to private parties, when the community premises is hired for large fundraising events and when the community premises is hired for short fundraising events by local voluntary organisations). Set out how responsibility for alcohol sales is to be determined in individual cases and discussed and reviewed within the committee’s or board’s procedure in the event of any issues arising. You should include copies of hiring agreements that describe the arrangement made between the community premises and the hiring party. You should note that sample hire agreements are available from e.g. ACRE and Community Matters. More information about these hire agreements is contained in the statutory Guidance.  5. Applications to substitute the section 19(4) mandatory condition must be made by a management committee or similar structure which holds or will be the holder of the premises licence for the community premises. Please state in what capacity you are signing the application (e.g. Committee Chair, committee member, Hall secretary etc).  6. Please send a copy of this form to the chief officer of police for your area. |