Maidstone Borough Council

The Licensing Partnership PO Box 182 Sevenoaks Kent TN13 1GP



Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]
or 6 Bloomsborry Walk Wyartst
Mardstone
Kent
MEIL IHQ
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
[type of application]
by
[name of applicant]
relating to a premises licence 60 Union St M Steve ME 14 (ED) [number of existing licence, if any]
for
Iname and address of premises to which the application relates!

and any premises licence to by	be granted or varied in respect of this application made
[name of applicant]	
concerning the supply of alc	Culup Doslor 61 Umon ST Madstone
	Kent
	HEIY LED
[name and address of premises	to which application relates]
I also confirm that I am ap licence, details of which I so	plying for, intend to apply for or currently hold a personal et out below.
Personal licence number	
[insert personal licence number,	if any]
Personal licence issuing a	uthority
[insert name and address and te	elephone number of personal licence issuing authority, if any]
Signed	
Name (please print)	
Date	18. 12. 11