

Varying the DPS on a Premises Licence Licensing Act 2003

Premises Licences which authorise the supply of alcohol must have an individual nominated as the Designated Premises Supervisor (DPS). It is expected that this person will be the person with day-to-day responsibility for running the premises, and will be the usual point of contact at the premises for licensing issues, or for the police, fire service or other responsible authorities if problems occur at the premises. There is no obligation for the premises licence holder to be the DPS – however, this will be the case on some occasions

A premises may only have one individual nominated as DPS at any time. If the current DPS leaves the premises or is no longer responsible for its day-to-day management, it will be necessary to nominate a new individual to take over the role. Every licence that authorises the supply of alcohol has conditions prohibiting any supply of alcohol at a time when there is no Designated Premises Supervisor, or if the DPS does not have a valid Personal Licence.

Criteria

An individual nominated as a Designated Premises Supervisor should hold a current, valid, Personal Licence, issued by any English or Welsh licensing authority. In order to obtain this licence, the individual must be over 18 years of age, have passed a certified training course, and have no criminal convictions for relevant offences (or if they have, satisfy the licensing authority that to grant a licence would not undermine the crime prevention licensing objective).

Making an application

The Premises Licence holder should complete the enclosed application form in full.

Send the completed form, with payment for the <u>£23</u> application fee, to:	Send an extra copy of the form, without the fee, to the following:	
Licensing Dacorum Borough Council The Forum Marlowes Hemel Hempstead HP1 1DN	Dacorum Licensing Hertfordshire Constabulary Hemel Hempstead Police Station Combe Street Hemel Hempstead HP1 1HL	The current designated premises supervisor (if any)

The application must be accompanied by a consent form signed by the proposed designated premises supervisor, to show that they consent to taking on that role. A template consent form is included in this pack.

The police may raise objections to your application within 14 days from the date of application, based around issues relating to crime & disorder. If they do, the application will be referred to a Licensing of Alcohol & Gambling Sub-Committee hearing to be considered and determined. No other party may object to this type of application.

Did you know?

You can make premises licence applications **online**, and doing so removes the requirement for you to send extra copies of your form to the responsible authorities (we will forward all online applications to them).

Visit our website, www.dacorum.gov.uk/licensing, and follow the 'Apply online' links.

Contact us

For further information or assistance in making an application, please contact us:

Email: licensing@dacorum.gov.uk

This page is intentionally left blank



Application to vary a premises licence to specify an individual 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 that 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.

l/We

(full name(s) of premises licence holder)

being the premises licence holder, 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

PART 1 – PREMISES DETAILS

Postal address of premises or, if none, ordnance survey map reference or description		
Post town	Post code	
Telephone number (<i>if any</i>)		i

Description of premises (please read guidance note 1)

PART 2

Full name of proposed designated premises supervisor	
Nationality	
Place of birth	
Date of birth	
Personal licence nu authority of that lic	umber of proposed designated premises supervisor and issuing ence (if any)
Number:	
Issuing authority:	
Full name of existing designated premises supervisor (if any)	

Please tick	✓ yes	
I would like this application to have immediate effect under section 38 of the Licensing Act 2003		
I have enclosed the premises licence or relevant part of it		
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)		
Reasons why I have failed to enclose the premises licence or relevant part of it		

		Please tick 🗸
•	I have made or enclosed payment of the fee	
•	I will give a copy of this application to the chief officer of police	
•	I have enclosed the consent form completed by the proposed premises supervisor	
•	I have enclosed the premises licence, or 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 rejected	be

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.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

PART 3 – SIGNATURES (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 3) If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (*please read guidance note 4*) If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)			
Post town		Post code	
Telephone number (<i>if any</i>)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS DESIGNATED PREMISES SUPERVISOR (DPS)

I,	[full name of prospective premises supervisor]		
of			
	[home address c	of prospective p	premises supervisor]
	nfirm that I giv in relation to		sent to be specified as the designated premises cation for
	[type of applicati	on]	
made by	[name of applicant]		
relating to	a premises lie	cence	DAC
U	·		[number of existing licence, if any]
for			
	[name and addre	ess of premises	s to which the application relates]
and any pr by	emises liceno	e to be gr	anted or varied in respect of this application made
	[name of applicant]		
concernin	g the supply c	of alcohol a	at
	[name and addre	ess of premises	s to which the application relates]
			work in the United Kingdom and am applying for, Id a personal licence, details of which I set out
Personal lic	ence number		
			[insert personal licence number, if any]
Personal lic	ence issuing a	authority	[insert name and address of personal licence issuing authority, if any]
Signed			
Print name			
Date			