

London Borough of Hammersmith & Fulham
Transport & Technical Services
Environmental Health Service Group – Licensing Team
PO Box 66532, London W8 9GJ
Tel: 020 8753 2260
Email: licensing@lbhf.gov.uk
Web: www.lbhf.gov.uk



PART A

Consent of individual to being specified as premises supervisor

I _____
[full name of prospective premises supervisor]

of _____
[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 [number of existing licence, if any] _____

for [name and address of premises to which the application relates]
_____ and

any premises licence to be granted or varied in respect of this application made by [name of
applicant] _____ concerning the supply of
alcohol at [name and address of premises to which application relates]
_____.

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details
of which I set out below.

Personal licence number [insert personal licence number, if any] _____

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

.....signed

.....name (please print)

.....dated