



Consent of individual to being specified as premises supervisor

I [REDACTED]
[full name of prospective premises supervisor]

of [REDACTED]
[REDACTED]
[REDACTED]

[home address of prospective premises supervisor]

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

[type of application]

by The Up Top Ltd
[name of applicant]

relating to a premises licence [number of existing licence, if any]

for Fourth Floor
MSCP
Stratford Mall
Kingway
M32 9BD

[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

The Up Top Ltd
[name of applicant]

concerning the supply of alcohol at

[name and address of premises to which application relates]

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

[REDACTED]

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

Signed

[REDACTED] 

Name (please print)

[REDACTED]

Date

26/03/2021