



Consent of individual to being specified as premises supervisor

DAVID LEAPE

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

THE SALE AND SUPPLY OF ALCOHOL

[type of application]

by

DAVID LEAPE

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

166 BARTON ROAD STRETFORD MANCHESTER M32 8DP

[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

DAVID LEAPE

[name of applicant]

concerning the supply of alcohol at
166 BARTON ROAD STRETFORD MANCHESTER M32 8DP

[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

0156177

[insert personal licence number, if any]

Personal licence issuing authority

SALFORD CITY COUNCIL

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

Signed



Name (please print)

DAVID LEAPE

Date

25TH AUGUST 2020
