

Runnymede Civic Centre, Station Road Addlestone, Surrey KT15 2AH

Tel: 01932 838383 Fax: 01932 838384 DX 46350 ADDLESTONE www.runnymede.gov.uk

## Consent of individual to being specified as premises supervisor

[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 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
[insert personal licence number, if any]
Personal licence issuing authority
[insert name and address and telephone number of personal licence issuing authority, if any]
The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature, for the prevention and detection of fraud.  For further information, please see www.runnymede.gov.uk/DataMatching
Data Protection and Privacy  Any data supplied by you on this form will be processed in accordance with the General Data Protection Regulations, in supplying it you consent to the Council processing the data for the purpose it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.  Data is deleted in accordance with our data retention policy. Our privacy policy is published on our web site www.runnymede.gov.uk
Signed

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Name (please print)	
Date	