DESIGNATED PREMISES SUPERVISOR (DPS) LETTER OF AUTHORISATION

Name Personal Licence Number (If Applicable) Non Personal Licence Holder (Please Tick) DESIGNATED PREMISES SUPERVISOR Name: Signature:	To whom it may concern:			
Personal Licence Number: Hereby authorise the following named personnel to sell and supply alcohol, to comply with the licensing law and the licence conditions attached to the licence. This being either when I am present on the premises or in my absence when I am away from the premises. I can always be contactable on the following telephone number: NAMES OF AUTHORISED PERSONS: I, being a person named below am aware of and accept my responsibilities under the Licensing Act 2003 and will comply with the licensing law and the licence conditions attached to the licence. Name	l Personal Licence am the perso			ər of a
licensing law and the licence conditions attached to the licence. This being either when I am present on the premises or in my absence when I am away from the premises. I can always be contactable on the following telephone number: NAMES OF AUTHORISED PERSONS: I, being a person named below am aware of and accept my responsibilities under the Licensing Act 2003 and will comply with the licensing law and the licence conditions attached to the licence. Name				
I, being a person named below am aware of and accept my responsibilities under the Licensing Act 2003 and will comply with the licensing law and the licence conditions attached to the licence. Name	licensing law and the licence of present on the premises or in m	conditions attached to the licence. This by absence when I am away from the I	s being either when I am	
(If Applicable) Licence Holder	I, being a person named below	v am aware of and accept my respon		d
(If Applicable) Licence Holder (Please Tick) DESIGNATED PREMISES SUPERVISOR Name: Signature:	to the licence.	•		
Name: Signature:	Name		Licence Holder	
Name: Signature:				
Signature:	DESIGNATED PREMISES SUPERVIS	SOR		
	Name:			
Date:	Signature:			
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