

Lichfield Application for a premises licence Licensing Act 2003

* required information

Form errors			
	Some data entered into this form is	invalid. Please reso	olve before continuing.
Section 15 of 21			
SUPPLY OF ALCOHOL			
Will you be selling or sup	pplying alcohol?		
• Yes	No		
Standard Days And Tim	ings		
MONDAY			Give timings in 24 hour clock.
	Start	End	(e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start	End	
	Start	End	
WEDNESDAY			
	Start	End	
	Start	End	
THURSDAY			
	Start	End	
	Start	End	
FRIDAY			
	Start 16:00	End 22:30	
	Start	End	
SATURDAY			
	Start 12:00	End 22:30	
	Start	End	
SUNDAY			
	Start 11:00	End 22:30	
	Start	End	

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Will the sale of alcohol be for c	onsumption:		If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for
 On the premises 	Off the premises	O Both	consumption away from the premises select off. If the sale of alcohol is for consumption or the premises and away from the premises select both.
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State any seasonal variations			
For example (but not exclusive	ly) where the activity will or	ccur on additional day	s during the summer months.
Non-standard timings. Where t column on the left, list below	he premises will be used fo	or the supply of alcoho	l at different times from those listed in the
For example (but not exclusive	ly), where you wish the acti	ivity to go on longer or	n a particular day e.g. Christmas Eve.
State the name and details of t licence as premises supervisor	he individual whom you wis	sh to specify on the	
Name			
First name	RUSSELL		
Family name	GEORGE		
Date of birth	Invalid date entered		
	dd mm yyyy		
Enter the contact's address			I
Building number or name			
Street			
District			
City or town			
County or administrative area			
Postcode			
Country	United Kingdom	~	

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Personal Licence number (if known)	
PROPOSED DESIGNATED PREM	1ISES SUPERVISOR CONSENT
How will the consent form of supplied to the authority?	he proposed designated premises supervisor be
C Electronically, by the pro	posed designated premises supervisor
• As an attachment to this	application
Reference number for consen form (if known)	If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
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