



Request to be removed as Designated Premises Supervisor
(in accordance with Section 41 of the Licensing Act 2003)

I..... (print name)

of (home address).....

.....

Telephone no. Mobile no.....

Email

Request to be removed as Designated Premises Supervisor on the Premises Licence at:

Name of premises.....

Address of premises

.....

Postcode (as printed on licence)

Name of licence holder

Address of licence holder

..... (as printed on licence)

Premises licence number

I confirm that I wish to be removed as Designated Premises Supervisor with effect from
.....(date)

I confirm that within 48 hours of giving this notice to North Lincolnshire Council I will
also give a copy of this notice to the Premises Licence holder.

I will also request that the Premises Licence holder return the Premises Licence to
North Lincolnshire Council within 14 days of receipt of this request.

Signed Date

When these requirements are complied with the Designated Premises Supervisor will cease
their position from the date specified or (if no date specified) from when the notice is received by
North Lincolnshire Council.

Please note: If there is no Designated Premises Supervisor or if the Designated Premises
Supervisor specified does not have a Personal Licence, no supply of alcohol may be made.