Part 4 - Signatures (please read guidance note 11)

APPENDIX 2

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	 [Applicable to individual applicants only partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15) 						
Signature	see note 10)						
Date							
Capacity							
For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.							
Signature							
Date							
Capacity							
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)							
Contact name (associated with	(where not previously given) and postal address for correspondence this application (please read guidance note 14)						
associated with	this application (please read guidance note 14) Postcode						
Post town Telephone num	this application (please read guidance note 14) Postcode						

APPENDIX 2

	Consent of	findividual to being specified as premises supervisor	14				
ī		Claire Mailory			w:		
	(full name of prosp	ective premises supervisor)	ä				
of	-	Markey, Markey, Bother Hann, South Torkshire, 646-750	,		(A)		
	(home address of p	rospective premises supervisor)	21				
hen to ti	eby confirm that I give ne application for	my consent to be specified as the designated premises supervisor in relation			72 K		
DP							
(type of application, i.e. grant, variation, variation of DPS)							
by	Claire Mallory						
(name of applicant)							
rela	iting to a premises lice		Communited Dis	le Ric1):	Mr. Market and the second states		
		(number of existing licence, if any)					
for		th, 14 Grange Lane, Maitby, Rotherham, South Yorkshire, S667DA					
		of premises to which the application relates)			a a		
and	any premises licence	e to be granted or varied in respect of this application made by					
Cla	ire Mallory						
(na	me of applicant)						
	cerning the supply of		Í				
		Grange Lane, Maltby, Rotherham, South Yorkshire, S66 7DA nises to which application relates)	*	20	9.		
			17.	E 196			
or o	so confirm that I am e currently hold a perso	ntitled to work in the United Kingdom and am applying for, intend to apply for nal licence, details of which I set out below.			×		
Pe	rsonal licence number	PLH3524205 603/2597/5					
Pe	rsonal licence issuing	authority	7				
insert name and address and telephone number of personal licence issuing authority, if any							
Sig	ned		*				
		C mallory					
Na	me (please print)	Claire Mallory					
Da	te	04/05/21			* 2		