

**Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form.  
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.  
You may wish to keep a copy of the completed form for your records.

I/We Greene King Brewing & Retailing Limited  
*(full name(s) of premises licence holder)*

**being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003**

**Premises licence number**

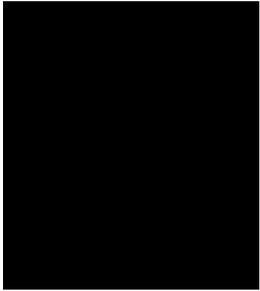
134633

**Part 1 – Premises details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>  Coopers 32-33 Copeland South Bretton	
<b>Post town</b> Peterborough	<b>Post code (if known)</b> PE3 6YT
<b>Telephone number (if any)</b> n/a	

<b>Description of premises</b> (please read guidance note 1)  Public house
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**Part 2 - Proposed supervisor details**

<b>Full name of proposed designated premises supervisor</b> Dale Tedstill 
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<b>Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)</b> 044955 Peterborough City Council
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<b>Full name of existing designated premises supervisor (if any)</b> Chloe-Ann Smith
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**Please tick yes**

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please read guidance note 2)

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

<b>Reasons why I have failed to enclose the premises licence or relevant part of it</b> Copy enclosed.
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**Please tick yes**

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police (please read guidance note 3) **(Online application)**
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or explanation

- I will notify the existing premises supervisor (if any) of this application (please read guidance note 4)
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS.**

**THOSE WHO EMPLOY AN ADULT WITHOUT A VALID LEAVE TO ENTER OR REMAIN IN THE UK OR AN ADULT WHO IS SUBJECT TO CONDITIONS WHICH WOULD PREVENT THAT PERSON FROM TAKING UP EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED BY VIRTUE OF THEIR IMMIGRATION STATUS.**

**Part 3 – Signatures** (please read guidance note 5)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (See guidance note 6). **If signing on behalf of the applicant please state in what capacity.**



Signature

.....  
Date        25 March 2026  
.....

Capacity        Solicitor for the Applicant  
.....

**For joint applicants signature of 2<sup>nd</sup> applicant 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 7). **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 5)**



**e-mail address (optional)**