

**The Licensing Act 2003:
 Authorised responsibility in the absence of the DPS**

Premises Name: Address: Post Code:	Premises Licence number: Issuing Authority:
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I _____ accept responsibility for the legal running of the above named Premises in the absence of the Designated Premises Supervisor between the dates of&.....
 I confirm that I have received, read and understood a copy of the Premises Licence, a copy of which is attached to this document, and agree to comply with the Licensing Act 2003, the mandatory conditions of the licence, together with any special conditions contained within the licence.

Summary of activities

Times that alcohol can be sold:

Additional Licensed Activities and times:

Special conditions:

Name: _____ (if personal licence holder to complete the following) number: _____ Issuing Authority: _____ Signed: _____ date: ____ / ____ / 20____ (Personal Licence Holder)
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Name of DPS: _____ Licence number: _____ Issuing Authority: _____ Signed: _____ date: ____ / ____ / 20____ (DPS)
