



West Lancashire Borough Council  
Licensing Service

Robert Hodge Centre  
Stanley Way  
Skelmersdale  
Lancashire  
WN8 8EE

Tel: 01695 577177

Fax: 01695 585128

Email: [licensing.enquiries@westlancs.gov.uk](mailto:licensing.enquiries@westlancs.gov.uk)

Website: [www.westlancs.gov.uk/licensing](http://www.westlancs.gov.uk/licensing)

**Consent of individual to being specified as premises  
supervisor**

I, Michael Parker  
[insert full name of prospective premises supervisor]

of:  
[Redacted]

[Insert home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

Licensing Service  
[Type of application]

by:  
Michael Parker  
[Insert name of applicant]

relating to a premises licence: LN/000006916  
[Insert number of existing licence, if any]

For:  
WEST LANCS DIVERS LTD

[Insert name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by:

MICHAEL PARKER  
[Insert name of applicant]

Concerning a supply of alcohol at:

WEST LANS RIVER LTD  
WITHAM ROAD, SKEMERSDALE, WN8 8HP  
[Insert name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for, or currently hold a personal licence, details of which I set out below:

Personal licence number: [REDACTED]  
[Insert personal licence number, if any]

Personal licence issuing Authority:

WEST LANS MOROUGH COUNCIL  
[Insert name and address and telephone number of personal licence issuing authority, if any]

Signed: [REDACTED]

Name (please print): MICHAEL PARKER

Dated: 28/9/21



## West Lancashire Borough Council Licensing Service

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

**Robert Hodge Centre**  
Stanley Way  
Skelmersdale  
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**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 Michael Parker  
(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**

LN/000006916

**Part 1 - Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description

Witham Road,  
WN8 8HP

Post town

Skelmersdale

Post code

WN8 8HP

Telephone number of premises (if any)

01695 716287

**Description of Premises (please read guidance note 1)**

Diner / BAR

**Part 2**

Full name of proposed designated premises supervisor

Michael Parker

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

[REDACTED]

Full name of existing designated premises supervisor (if any)

Please tick  (yes)

I would like this application to have immediate effect under Section 38 of the Licensing Act 2003

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)

Reasons why I have failed to enclose the premises licence or relevant part of it

waiting for licence,  
Have included previous licence.

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
- 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 give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

**Part 3 – Signatures (please read guidance note 2)**

**Signature of applicant or applicant's solicitor or other duly authorised agent.**  
(Please read guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature: [Redacted] .....

Date: 28/9/21 .....

Capacity: OWNER .....

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (Please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature: .....

Date: .....

Capacity: .....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 7)

Michael Parker,  
[Redacted]

Post town	Skeemersdale	Post code	[Redacted]
Telephone number	[Redacted]		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

**Guidance Notes**

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.



# West Lancashire Borough Council

LEISURE AND WELLBEING SERVICES, ROBERT HODGE CENTRE, STANLEY WAY, SKELMERSDALE,  
WEST LANCASHIRE, WN8 8EE

Tel: 01695 577177 Fax: 01695 585126 email: [licensing.enquiries@westlancs.gov.uk](mailto:licensing.enquiries@westlancs.gov.uk)

Licensing Act 2003

Premises Licence

LN/00006916

## Part 2

### NAME, (REGISTERED) ADDRESS, TELEPHONE NUMBER AND EMAIL (WHERE RELEVANT) OF HOLDER OF PREMISES LICENCE:

Name: Mr Sarju Patel & Mr Daniel Kenyon

Address: Jynx  
Witham Road  
Skelmersdale  
Lancashire  
WN8 8HP  
WN8 8HP

Telephone:

Email:

### REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE):

-

### NAME, ADDRESS AND TELEPHONE NUMBER OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES FOR THE SUPPLY OF ALCOHOL:

Name: David Bryan Webster

Address: [REDACTED]

Telephone:

### PERSONAL LICENCE NUMBER AND ISSUING AUTHORITY OF PERSONAL LICENCE HELD BY DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES FOR THE SUPPLY OF ALCOHOL:

Licence No: [REDACTED]

Issued by: West Lancashire Borough Council

THE OPENING HOURS OF THE PREMISES			
Description	Days	Time From	Time To
On Sales	Monday	10:00	00:30
	Tuesday	10:00	00:30
	Wednesday	10:00	00:30
	Thursday	10:00	01:30
	Friday	10:00	02:00
	Saturday	10:00	02:00
	Sunday	10:00	01:30

**NON STANDARD TIMINGS:**

**WHERE THE LICENCE AUTHORISES SUPPLIES OF ALCOHOL WHETHER THESE ARE ON AND/OR OFF SUPPLIES:**

ON the premises ONLY.

**NAME, (REGISTERED) ADDRESS OF HOLDER OF PREMISES LICENCE:**

**Name:** Mr Sarju Patel & Mr Daniel Kenyon

**Address:** Jynx, Skelmersdale Social Club, Witham Road, Skelmersdale, Lancashire, WN8 8HP

**REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE):**

-

**NAME OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES FOR THE SUPPLY OF ALCOHOL:**

Mr Daniel James Moran Kenyon

**STATE WHETHER ACCESS TO THE PREMISES BY CHILDREN IS RESTRICTED OR PROHIBITED:**

None

*AK McDougall*

**Dated:** 01 November 2018

Director Of Leisure And Environment Services