

082135

FORM 2

LICENSING SECTION  
RECEIVED

14 APR 2016



Leicester  
City Council

LEICESTER CITY COUNCIL

**Application for a premises licence to be granted  
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 DOLCE AND VERDE (LEIC) LTD

*(Insert name(s) of applicant)*

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003**

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description  
**GROUND FLOOR PREMISES, DOLCE & VERDE, 31 BELVOIR STREET**

Post town LEICESTER

Postcode

LE1 6SL

Telephone number at premises (if any)

Non-domestic rateable value of premises

£12000

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
- i. as a limited company  YES please complete section (B)
- ii. as a partnership  please complete section (B)
- iii. as an unincorporated association or  please complete section (B)

- iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or YES

I am making the application pursuant to a statutory function or   
 a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable) **N/A**

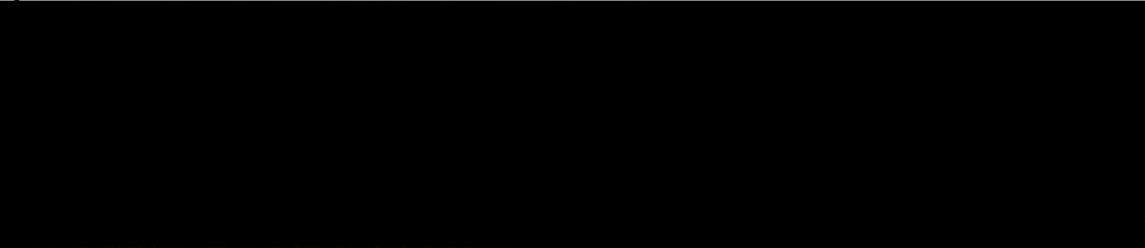
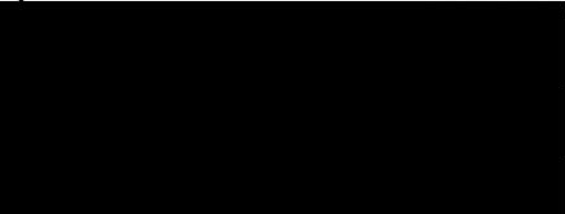
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	N/A
<b>Surname</b> N/A			<b>First names</b> N/A		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address		N/A			
Post town	N/A			Postcode	N/A
<b>Daytime contact telephone number</b>			N/A		
<b>E-mail address (optional)</b>		N/A			

**SECOND INDIVIDUAL APPLICANT (if applicable) N/A**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	N/A
Surname N/A			First names N/A		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address		N/A			
Post town	N/A		Postcode	N/A	
Daytime contact telephone number			N/A		
E-mail address (optional)		N/A			

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

Name DOLCE AND VERDE (LEIC) LTD

Registered number (where applicable) 09948375
Description of applicant (for example, partnership, company, unincorporated association etc.) LTD COMPANY




**Part 3 Operating Schedule**

When do you want the premises licence to start?

D	D	M	M	Y	Y	Y	Y
0	1	0	6	2	0	1	6

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
N	A	□ □ □ □ □ □ □ □

Please give a general description of the premises (please read guidance note 1)  
 THE GROUND FLOOR COFFEE SHOP PREMISES AT 31 BELVOIR STREET IS AN OPEN PLAN ROOM OF CIRCA 40M SQ WITH A KITCHEN TO THE REAR OF CIRCA 15M SQ. CUSTOMER TOILET TO THE RIGHT OF THE PREMISES AND A STAFF TOILET TO THE REAR RIGHT OF THE PREMISES. FLOOR IN THE MAIN SALES ROOM IS OF A HARD WOOD CONSTRUCTION AND THE FLOOR IN THE KITCHEN IS OF A NON SLIP VINYL TYPE MATERIAL. WALLS AND CEILINGS ARE OF STANDARD CONSTRUCTION FINISHED WITH PLASTER AND TILES. THE MAIN FIRE ESCAPE IS THE FRONT DOOR ONTO BELVOIR STREET AND THE KITCHEN FIRE ESCAPE IS TO THE REAR LEADING INTO A COMMUNAL PARKING AREA. THE COFFEE SHOP FIT-OUT CONSISTS OF A MIXTURE OF FREE STANDING AND FITTED FURNITURE.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A
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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

- | Provision of regulated entertainment  | Please tick any that apply |
|---|----------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>   |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>   |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>   |

**Provision of late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A- N/A**

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**B-N/A**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					



C- N/A

Indoor sporting events Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			



**D- N/A**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)			
Sat						
Sun						

**E – N/A**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**F – N/A**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**G –N/A**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Wed			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					



**H - N/A**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b>Please give further details here</b> (please read guidance note 3)</p>		
Wed					
Thur			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)</p>		
Fri					
Sat			<p><b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5)</p>		
Sun					

I -N/A

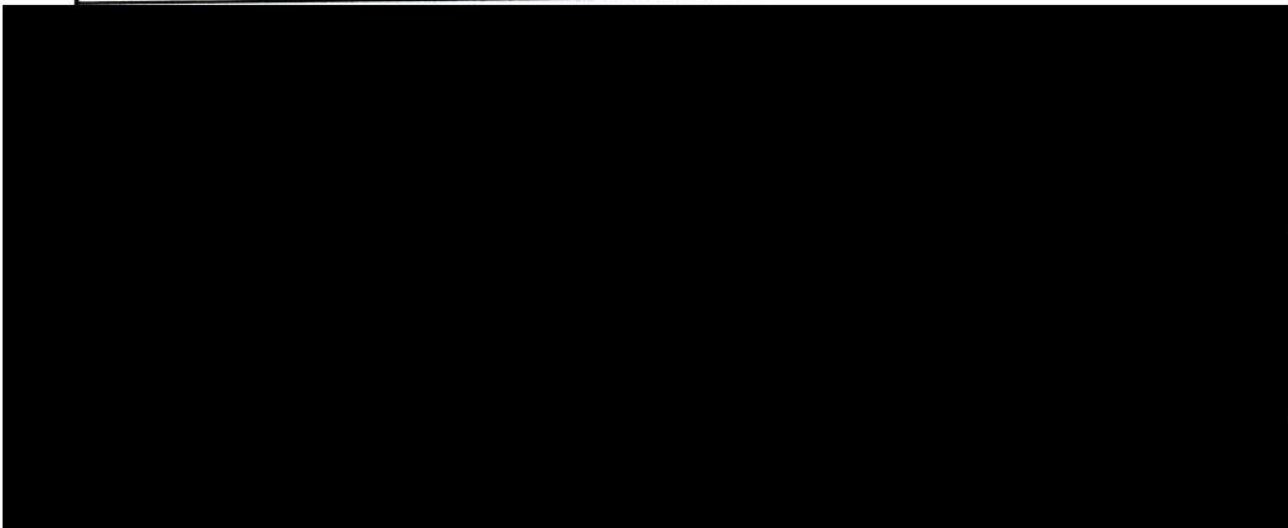
<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) N/A		
Mon	0800	1800			
Tue	0800	1800			
Wed	0800	1800			
Thur	0800	1800	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5) NONE		
Fri	0800	1800			
Sat	0800	1800			
Sun	1000	1700			

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name  
HARRY MURPHY



K

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).**  
 NONE

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) NONE
Day	Start	Finish	
Mon	0800	1800	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5) NONE
Tue	0800	1800	
Wed	0800	1800	
Thur	0800	1800	
Fri	0800	1800	
Sat	0800	1800	
Sun	1000	1700	



**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)**

WELL TRAINED STAFF CONTRIBUTE TO A WELL RUN PREMISES AND A RESPONSIBLE APPROACH TO THE SALE OF ALCOHOL. ALL STAFF ARE INFORMED OF LICENSING LAW BEFORE THEY ARE ALLOWED TO SERVE ALCOHOL.

THE MAIN CAUSES OF CRIME AND DISORDER IN LICENSED PREMISES ARISE FROM INADAQUATE SECURITY PROVISIONS AND POOR DESIGN/LAYOUT. AN INTRUDER ALARM AND HD VIDEO (WITH AUDIO) COLOUR CCTV WILL BE INSTALLED IN THE PREMISES TO COVER ALL INTERNAL AREAS OPEN TO THE PUBLIC, AND THE AREA IMMEDIATELY OUTSIDE THE PREMISES. BOTH FIRE ESCAPES WILL BE CLEARLY MARKED OUT. DAILY STAFF MEETINGS BEFORE SERVICE WILL ALLOW THE ENTIRE TEAM TO KEEP UP TO DATE ON ANY ARISING ISSUES DURING SERVICE. A ZERO TOLERANCE POLICY ON DRUGS, AND REFUSAL OF ENTRY TO ANYONE APPEARING TO BE UNDER THE EFFECTS OF DRUGS OR EXCESS ALCOHOL.

FULLY STOCKED FIRST AID KITS WILL BE AVAILABLE IN THE FRONT OF HOUSE, AND IN THE KITCHEN, THERE WILL BE ONGOING FIRST AID TRAINING FOR STAFF MEMBERS. FIRE EXTINGUISHERS WILL BE PLACED IN THE FRONT OF HOUSE AND IN THE KITCHEN AND WILL BE REGULARLY MAINTAINED. A FIRE RISK TRAINING SESSION WILL BE HELD WITH STAFF MEMBERS. AN ACCIDENT AND 'NEAR MISS' BOOK WILL BE KEPT AND MADE AVAILABLE FOR INSPECTION.

ANY INTERNAL MUSIC TO BE PLAYED AT A REASONABLE VOLUME AS TO NOT DISTURB OUR NEIGHBOURS. ALL DELIVERIES TO THE STORE MUST BE CARRIED OUT DURING NORMAL OPENING HOURS. NO FLYERS OR POSTERS TO BE DISTRUBUTED AT THE PREMISES OR STUCK IN WINDOWS. NO SMOKING TO BE CARRIED OUT IN OR NEAR THE FRONT DOOR OF THE PREMISES.

WE OPERATE A STRICT CHALLENGE 21 POLICY AND NO-ID NO SALE. NO VENDING MACHINES, NO GAMBLING MACHINES AND NO TELEVISIONS.

**b) The prevention of crime and disorder**

THE MAIN CAUSES OF CRIME AND DISORDER IN LICENSED PREMISES ARISE FROM INADAQUATE SECURITY PROVISIONS AND POOR DESIGN/LAYOUT. AN INTRUDER ALARM AND HD VIDEO (WITH AUDIO) COLOUR CCTV WILL BE INSTALLED IN THE PREMISES TO COVER ALL INTERNAL AREAS OPEN TO THE PUBLIC, AND THE AREA IMMEDIATELY OUTSIDE THE PREMISES. BOTH FIRE ESCAPES WILL BE CLEARLY MARKED OUT. DAILY STAFF MEETINGS BEFORE SERVICE WILL ALLOW THE ENTIRE TEAM TO KEEP UP TO DATE ON ANY ARISING ISSUES DURING SERVICE. A ZERO TOLERANCE POLICY ON DRUGS, AND REFUSAL OF ENTRY TO ANYONE APPEARING TO BE UNDER THE EFFECTS OF DRUGS OR EXCESS ALCOHOL.

**c) Public safety**



FULLY STOCKED FIRST AID KITS WILL BE AVAILABLE IN THE FRONT OF HOUSE, AND IN THE KITCHEN, THERE WILL BE ONGOING FIRST AID TRAINING FOR STAFF MEMBERS. FIRE EXTINGUISHERS WILL BE PLACED IN THE FRONT OF HOUSE AND IN THE KITCHEN AND WILL BE REGULARLY MAINTAINED. A FIRE RISK TRAINING SESSION WILL BE HELD WITH STAFF MEMBERS. AN ACCIDENT AND 'NEAR MISS' BOOK WILL BE KEPT AND MADE AVAILABLE FOR INSPECTION.

d) The prevention of public nuisance

ANY INTERNAL MUSIC TO BE PLAYED AT A REASONABLE VOLUME AS TO NOT DISTURB OUR NEIGHBOURS. ALL DELIVERIES TO THE STORE MUST BE CARRIED OUT DURING NORMAL OPENING HOURS. NO FLYERS OR POSTERS TO BE DISTRIBUTED AT THE PREMISES OR STUCK IN WINDOWS. NO SMOKING TO BE CARRIED OUT IN OR NEAR THE FRONT DOOR OF THE PREMISES.

e) The protection of children from harm

WELL TRAINED STAFF CONTRIBUTE TO A WELL RUN PREMISES AND A RESPONSIBLE APPROACH TO THE SALE OF ALCOHOL. ALL STAFF ARE INFORMED OF LICENSING LAW BEFORE THEY ARE ALLOWED TO SERVE ALCOHOL

WE OPERATE A STRICT CHALLENGE 21 POLICY AND NO-ID NO SALE. NO VENDING MACHINES, NO GAMBLING MACHINES AND NO TELEVISIONS. NO SALE OF OFF PREMISES ALCOHOL.

**Checklist:**

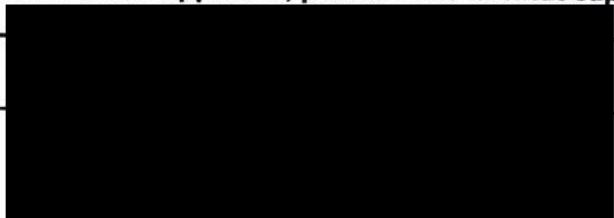
**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. Y ✓
- I have enclosed the plan of the premises. Y ✓
- I have sent copies of this application and the plan to responsible authorities and others where applicable. Y ✓
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. Y ✓
- I understand that I must now advertise my application. Y ✓
- I understand that if I do not comply with the above requirements my application will be rejected. Y ✓

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.**

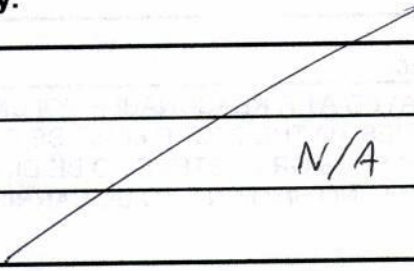
**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
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Date	13 <sup>th</sup> APRIL 2016
Capacity	DIRECTOR

**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 12). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	N/A
Capacity	

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not

exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.

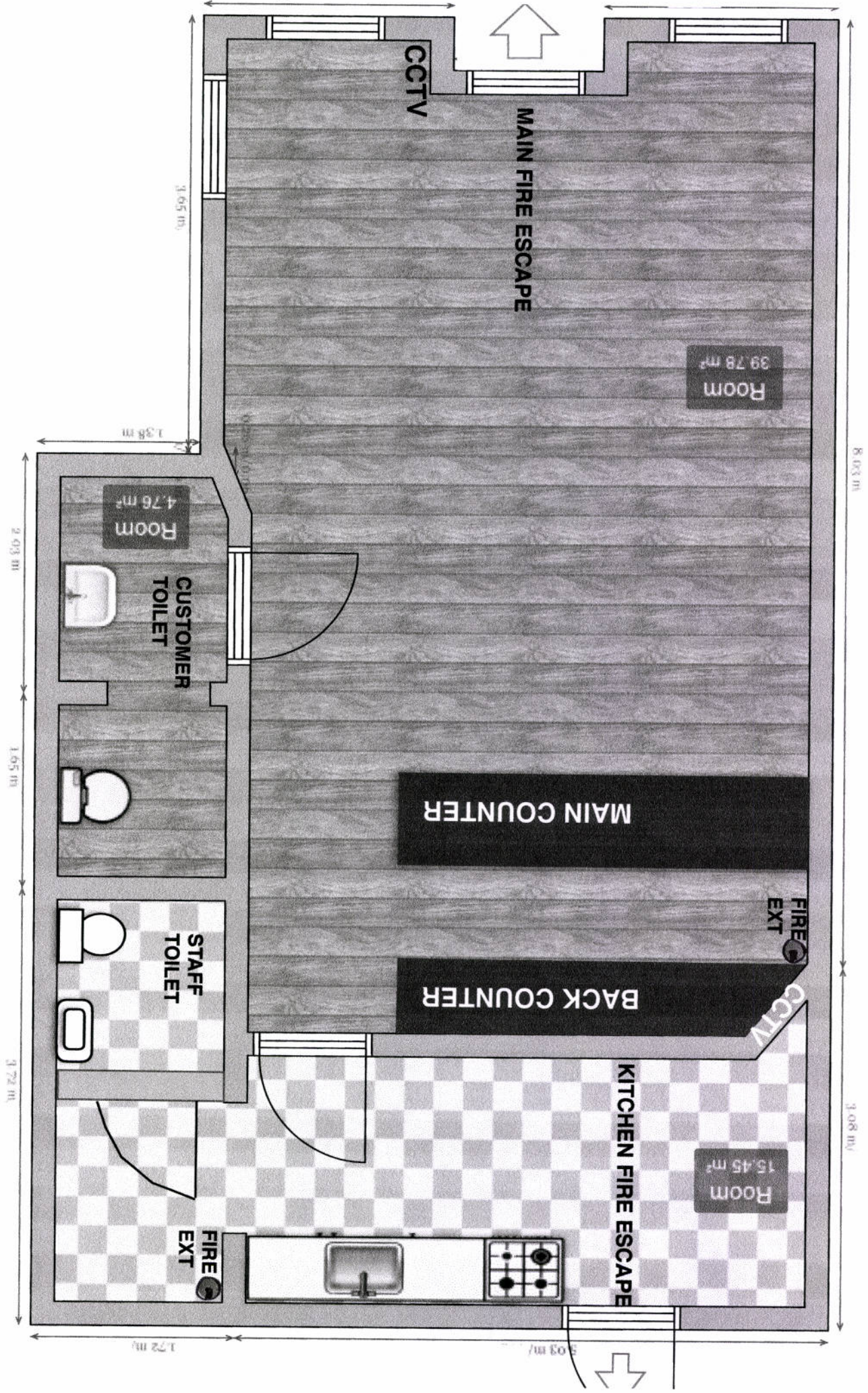
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



BELVOIR STREET

2.2 m

1.92 m



CCTV

MAIN FIRE ESCAPE

Room  
39.78 m²

Room  
4.76 m²

CUSTOMER  
TOILET

MAIN COUNTER

BACK COUNTER

STAFF  
TOILET

FIRE  
EXT

CCTV

KITCHEN FIRE ESCAPE

Room  
15.45 m²

FIRE  
EXT

3.03 m

1.72 m

8.03 m

3.08 m

3.65 m

1.38 m

2.93 m

1.65 m

3.72 m





FORM 18  
and any premises licence to be granted or varied in respect of this application made  
by

DOLCE AND VERDE (LEIC) LTD

*[name of applicant]*

concerning the supply of alcohol at

DOLCE & VERDE  
31 BELVOIR STREET  
LEICESTER  
LE1 6SL

*[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

PERS10936

*[insert personal licence number, if any]*

Personal licence issuing authority

CHARNWOOD BOROUGH COUNCIL

*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

HARRY MURPHY.

Name (please print)

13<sup>th</sup> APRIL 2016.

Date



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

**HARRY MURPHY**

I  
-----  
*[full name of prospective premises supervisor]*

of



-----  
*[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

**PREMISES LICENCE**

-----  
*[type of application]*

by

**DOLCE & VERDE (LEIC) LTD**

-----  
*[name of applicant]*

-----  
relating to a premises licence

*[number of existing licence, if any]*

for

**DOLCE & VERDE  
31 BELVOIR STREET  
LEICESTER  
LE1 6SL**

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