



Date:/...../2011

Sheffield Licence Watch

Application for Membership by the Designated Premises Supervisor (DPS)

FULL NAME*:

Premise Name*:

Address:

Post Code*:

Premise Telephone No:

Mobile No:

Email Address*:

Membership No:

For office use

Zone / SNT

For office use

*Mandatory fields

As a member of Sheffield Licence Watch you will be privileged to certain sensitive information and intelligence. In order to comply with the Data Protection Act you are expected to abide by the conditions laid out in the Licence Watch Licensees Handbook. Please sign to accept responsibility for the sensitive information/intelligence that you may be privileged to as a Sheffield Licence Watch Licensee.

Signed

Date.....

Are you the DPS at any other licensed premises: YES NO

If YES, please give details:.....

It was agreed by the committee that a second person can register as a member of Sheffield Licence Watch as your deputy, please state the name of the person you wish to nominate and their relationship to you:-

NameRelationship

Please send this completed form, with the annual membership fee of £20 to the offices of People United Against Crime. (Cheques should be made payable to 'Sheffield Licence Watch')

People United Against Crime

4th Floor, Castle Market Buildings, Exchange Street, Sheffield, S1 2AH

Tel: 0114 275 8688

Web: www.people-united.org email: info@people-united.org



South Yorkshire

POLICE