Pippbrook, Dorking, Surrey, RH4 1SJ

Telephone: 01306 885001 www.molevalley.gov.uk



LICENSING ACT 2003

Consent of an individual to being specified as premises supervisor

	Melanie Williams [full name of prospective premises supervisor]		
I			
of			
[hon	ne address of prospective premis	es supervisor]	
here		consent to be specified as the designated premises	
очр	• •	l alcohol, by the glass, bottle and in gift boxes	
[type	e of application]		
by			
	Melanie Williams		
[nam	e of applicant]		
	Aire at Are a managina and line and	N/A	
reiai	ting to a premises licence	[number of existing licence, if any]	
for			
Un	Lavender Catering Ltd iit 7, the Swan Centre, Leat	therhead, Surrey KT22 8AH	
[nam	e and address of premises to wh	ich the application relates]	

[name and address of premises to which application relates] I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number 246064 [insert personal licence number, if any] Personal licence issuing authority MOLE VALLEY DC [insert name and address and telephone number of personal licence issuing authority, if any] Signed MJWilliams Name (please print) Melanie Jane Williams Date 1st November 2025	and any premises licence to be granted or varied in respect of this application made by				
[name and address of premises to which application relates] I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number 246064 [insert personal licence number, if any] Personal licence issuing authority MOLE VALLEY DC [insert name and address and telephone number of personal licence issuing authority, if any] Signed MJWilliams Name (please print) Melanie Jane Williams	[name of applicant]				
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Name (please print) Milliams Melanie Jane Williams	MOLE VALLEY DC				
Name (please print) Melanie Jane Williams	[insert name and address and telephone number of personal licence issuing authority, if any]				
Name (please print) Melanie Jane Williams					
Name (please print) Melanie Jane Williams	Signed				
Data	G	MJWilliams			
Data	Name (please print)				
Date 1 st November 2025	Name (please plint)	Melanie Jane Williams			
Date 1st November 2025					
	Date	1 st November 2025			