Consent of individual to being specified as premises supervisor

| FLORENCE SCHECHTER |
|--|
| [full name of prospective premises supervisor] |
| of CHARM ROAD |
| FLAT 7 CHALCOT LODGE 100 ADELAIDE ROAD LONDON NW3100 3P YOUR DOMESTIC OF THE MEDICAL COMMENTS OF THE M |
| [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 |
| NEW PREMISES LICENCE [type of application] |
| Personal licence issuing authority |
| VAGINA MUSEUM [name of applicant] |
| relating to a premises licence [number of existing licence, if any] |
| UNIT 17 \$ 18 STABLES MARKET |
| LONDON NWI BAH |
| [name and address of premises to which the application relates] |

| and any premises licence to be granted or varied in respect of by | this application made |
|--|--|
| VAGINA MUSEUM | Consont of Individual t |
| [name of applicant] | FLOORENCE |
| concerning the supply of alcohol at | |
| UNIT 17\$ 18 STABLES | MARKET |
| CHALK FARM ROAD | |
| LONDON | |
| [name and address of premises to which application relates] | 118,130 A 001 Lagara |
| I also confirm that I am entitled to work in the United Kingdom intend to apply for or currently hold a personal licence, detable. | ils of which I set out |
| Personal licence number | |
| PERS-UC 097203 | Marion Lola |
| [insert personal licence number, if any] | |
| Personal licence issuing authority | by |
| [insert name and address and telephone number of personal licence issuing a | uthority, if any] |
| | |
| Signed | relating to a premises licence (number of existing licence, if any) |
| | |
| 13JANN COUCLAS OF | |
| FLORENCE SCHECHTER | |
| Name (please print) | |
| | |
| 09/08/2019 | |
| Date | |