

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

Samantha Clark

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I  
*[full name of prospective premises supervisor]*

of

49 Trevelyan Court  
Windsor  
Berkshire  
SL4 3SE

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*[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

Vary DPS

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*[type of application]*

by

GL Theatre Ltd

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*[name of applicant]*

relating to a premises licence PREM-LIC\1231

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*[number of existing licence, if any]*

for

Gillian Lynne Theatre  
166 Drury Lane  
London  
WC2B 5PF

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*[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

GL Theatre Ltd

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*[name of applicant]*

concerning the supply of alcohol at

Gillian Lynne Theatre  
166 Drury Lane  
London  
WC2B 5PF

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*[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

06/00292/PERSON

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*[insert personal licence number, if any]*

Personal licence issuing authority

Woking Borough Council  
Civic Offices  
Gloucester Square  
Woking  
Surrey  
GU21 6YL  
01483 755855

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

Signed

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Name (please print)

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SAMANTHA CLARK

Date

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16/03/22