Harrentouncil

Harrow

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003



required information

Section 1 of 4				
You can save the form at any time and resume it later. You do not need to be logged in when you resume.				
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.		
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.		
Are you an agent acting on behalf of the applicant?		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.		
Applicant Details				
* First name	Ramalingam			
* Family name	Rajasegaram			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
Indicate here if the applicant would prefer not to be contacted by telephone				
Is the applicant:				
C Applying as a business or organisation, including as a sole trader		A sole trader is a business owned by one		
Applying as an individe	ual	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.		

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Address		
* Building number or name	· · · · · · · · · · · · · · · · · · ·]
* Street		
District]
* City or town]
County or administrative are]
* Postcode		
* Country		
Agent Details		
* First name	Puthrasingam	
* Family name	Sivashankar	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
📋 Indicate here if you woul	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual actir	ng as an agent	person without any special regarstructure.
Agent Business * Is your business registered in the UK with Companies House?		
* Registration number	8832658	
* Business name	Compliance Direct Ltd	If your business is registered, use its registered name.
* VAT number GB	204915133	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.

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Agent Registered Address	Address registered with Companies House.
* Building number or name	
* Street	
District	
* City or town	
County or administrative area	
* Postcode	
* Country	
Section 2 of 4	
PREMISES DETAILS	
I/we apply to vary a premises I section 37 of the Licensing Act	licence to specify the individual named in this application as the premises supervisor under t 2003.
* Premises licence number	LN/00000661/2012
Are you able to provide a post	al address, OS map reference or description of the premises?
	preference C Description
Address	
* Building number or name	11
* Street	Station Parade, Kenton Lane
District	
* City or town	Harrow
County or administrative area	
Postcode	HA3 9LA
* Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For exa	ample, what type of premises it is
OFF licence with general groc	ery stores

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Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Ramalingam]
* Family name	Rajasegaram	
Personal licence number of proposed designated premises supervisor	LN/000004870/2011/1	
Issuing authority of that licence	LB Harrow	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Kapil	
Family name	Rabadia	
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 of	F
Yes	C No	
* Will the premises licence or r application?	elevant part of it be submitted with this	
Yes	C No	
How will the consent form of the proposed designated premises supervisor be supplied to the authority?		
← Electronically, by the pro	posed designated premises supervisor	
 As an attachment to this 	variation	
Reference number for consent form (if known)		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'
Section 4 of 4		
PAYMENT DETAILS		
This fee must be paid to the au	thority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed f	ee of £23	
DECLARATION		
I/we understand it is an offence, liable on conviction to a fine up to 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.		
Ticking this box indicates you have read and understood the above declaration		
- <u>-</u>	· · · · · · · · · · · · · · · · · · ·	

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This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on	
* Full name	Puthrasingam	
* Capacity	Sivashankar	
* Date	18 / 02 / 2015 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number		
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed		
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u> Next >		

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

Consent of individual to being specified as premises supervisor

[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

Transfer of Premises and or DPS variation by Ranalingan Rajasegaran relating to a premises licence [number of existing licence, if any] 11 Station Parte for Konton Lane Harrow HAB 9LA

[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

Ranalingan Rayasugaran [name of applicant]

concerning the supply of alcohol at

11 Station Parade Konton Lane Hackow LGAS 9CA

[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

LN/00000 4870/2011 /; [insert personal licence number, if any]

Personal licence issuing authority

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

Ramalagan Rayasegaram

Signed

Name (please print)

Date

16 /742 / 2515