

Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

* required information

You can save the form at any	y 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	CDL/328a/2018	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 I	• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	work for.
Applicant Details		
* First name	Rishi	
* Family name	Lakhani	
* E-mail	rishi@thebombaycentral.com	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
ls the applicant:		
Applying as a business	s or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individ 	lual	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.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	08021399	
Business name	Dine India London Ltd	If the applicant's business is registered, use its registered name.
VAT number -	not avial	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

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Applicant's position in the business	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	39 A	
Street	Gordon Avenue	
District		
City or town	Stanmore	
County or administrative area		
Postcode	HA7 3QQ	
Country	United Kingdom	
Agent Details		
* First name	Puthrasingam	
* Family name	Sivashankar	
* E-mail	office@compliancedirectItd.com	
Main telephone number	07879473696	Include country code.
Other telephone number		
☐ Indicate here if you would	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 regardination.
Agent Business		
Is your business registered in the UK with Companies House?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	8832658	
Business name	Compliance Direct Ltd	If your business is registered, use its registered name.
VAT number GB	204 9151 33	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	52	
Street	Roxeth Green Avenue	
District		
City or town	Harrow	
County or administrative area		
Postcode	HA2 8AF	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises I section 37 of the Licensing Act		is application as the premises supervisor under
* Premises licence number	LN/00008921/2016/2	
Are you able to provide a post	al address, OS map reference or description	of the premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	Mumbai Central	
* Street	328 High Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA3 6HS	
* Country	United Kingdom	
Contact Details		
E-mail	office@compliancedirectItd.com	
Telephone number	07879473696	
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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Restaurant with bar and out	door seating	
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	signated Premises Supervisor	
* First name	Nishant	
* Family name	Nishant	
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	LAPA1072	
Issuing authority of that licence	Lancaster	
Full Name Of Existing Design	gnated Premises Supervisor	
First name	Atul	
Family name	Bhudia	
* Would you like this applica the Licensing Act 2003?	tion to have immediate effect under section 38 c	f
Yes	○ No	
* Will the premises licence or application?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
	oposed designated premises supervisor	
 As an attachment to th 	is variation	
Reference number for consertorm (if known)	nt	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	authority. If you complete the application online	, you must pay it by debit or credit card.

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This formality requires a fixed to	fee of £23
DECLARATION	
I/we understand it is an offer statement in or in connection	nce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false n with this application.
STATEMENT IN OR IN CONNE SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFITHEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIANATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE	S AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY ENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN DNABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF A THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS ABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DOGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Puthrasingam
* Capacity	Sivashankar
* Date	10 / 02 / 2018 dd mm yyyy
	Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	CDL/328a/2018	
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 >	

Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]
of
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premise supervisor in relation to the application for
[type of application]
by
Dine India Hallondon) It
relating to a premises licence [number of existing licence, if any]
for Munisai Central
Munisai Central 328 High Road Hamm Meall
Hamm weald
HA3 645

[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
Done India London Uth
[name of applicant]
concerning the supply of alcohol at
328 High Road
328 High Road Hana Weald
HA3 6HS
LN/0000 8921/2016/2
[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
LAPA 1072 [insert personal licence number, if any]
Personal licence issuing authority
[insert name and address and telephone number of personal licence issuing authority, if any]
Signed
Name (please print) NISUAT
11.115
Date 7////