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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

| I /- wa - | SALIM | 011 | AL ED HILL | |
|----------------------------------|-----------------------|------------|-------------------------------|--|
| (full name(s) o | f premises licence ho | older) | J. V. V. LJ. LJ. LJ. LJ. | |
| being the pren the individual | * | , apply to | o vary a prem the premises | iises licence to specify s supervisor under |
| Premises licen | ce number | | | |
| 0504 | - DYKE- A | 441 | G-X1 | K44) |
| Part 1 - Premis | | // | | |
| | of premises or, if r | - | dnance surve | y map reference or |
| description | CORIANDRA | e | _ | |
| 282 | UXBRIDE | M | KIAD | |
| | TCH END | | | |
| · | HAS 4HS. | | | |
| Post town | | | | Post code (if known) |
| 1- | HARROW. | | | |
| Telephone nun | nber (if any) | | | |
| ~ | premises (please re | | nce note 1) | |

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Part 2

| Full name of proposed designated premises supervisor | |
|---|-------|
| SACIM CHOWDHURY | |
| Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any) | |
| 055M-00AQ-LT9K-Q8XX | |
| Full name of existing designated premises supervisor (if any) | |
| Please tick | yes |
| I would like this application to have immediate effect under section 38 of the Licensing Act 2003 | |
| I have enclosed the premises licence or relevant part of it | |
| (If you have not enclosed the premises licence, or relevant part of it, please give reasons why not) | |
| Reasons why I have failed to enclose the premises licence or relevant part of | of it |
| Please tick | yes |
| ! have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police I have enclosed the consent form completed by the proposed premises supervisor | |
| I have enclosed the premises licence, or relevant part of it or explanation I will give a copy of this form to the existing premises supervisor, if any | |
| I understand that if I do not comply with the above requirements my application will be rejected | |

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

Part 3 - Signatures (please read guidance note 2)

| Signature of applicant or applicant's so (See guidance note 3). If signing on behacapacity. | | | | |
|---|-----------|--|--|--|
| Signature | | | | |
| , , - | | | | |
| Capacity Own K | | | | |
| For joint applicants signature of 2 nd applicant 2 nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity. | | | | |
| Signature | , | | | |
| | <i>f</i> | | | |
| Date | <u> </u> | | | |
| Capacity | | | | |
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) | | | | |
| | | | | |
| Post town | Post Code | | | |
| Triangle of the Company | | | | |
| Telephone number (if any) | | | | |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) | | | | |

Consent of individual to being specified as premises supervisor

| SACIM CHOWDHORY | |
|--|------------|
| full name of prospective premises supervisor | |
| of | |
| | |
| [ha | |
| hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for | |
| PLAMISAS CICHACA [type of application |)] |
| by $SALIY$ [name of applicant of applicant of the second | t] |
| relating to a premises licence[number of existing licence, if any | /] |
| for CORIANDING 282 USUALIDER COAD | 2. |
| 1497CH END HAS 4HS. | |
| [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 SALIM CHOWDITURY [name of applicant | |
| concerning the supply of alcohol at 282 DXBRIDGE ROAD | •• |
| HATCH END MIDDX | |
| HAS YHS. | |
| [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. | Į |
| Personal licence number $055M - 00AQ - LTGK - Q8$ [insert personal licence number, if any] | ×Χ |
| [insert personal licence number, if any] Personal licence issuing authority | if |
| any] | • |
| signed | |
| SAUM CHOWDHUR Iname (please print) b 12 2012 dated | |
| 6 / 12 / 201dated | |