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/we CHENNAI CHUTNEY LINITED (full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

LN/000007726/2014/1

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

GROUND FLOOR

MA CHENNAL CHUTNEY

192 ALEXANDRA AVENUE

Post town

HARROW , MIDDLESEX

Post code (if known) HA2 9BN

Telephone number (if any)

Description of premises (please read guidance note 1)

GROUND FLOOR - CHENNAI CHUTNEY CSRILANKAN & INDIAN RESTAURANT)

FIRST FLOOR - RESIDENTIAL FLAT



Part 2

Full name of proposed designated premises supervisor SHANMUGANANTHAN, SENTHURAN

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

LN/000015032 CLONDON BOROUGH OF EALING)

Full name of existing designated premises supervisor (if any) SUJITHA SUTHARSHAN

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 it

Please tick yes

Please tick yes

- I 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 prem
- 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
- 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

\mathbf{M}

Part 3 – Signatures (please read guidance note 2)

14

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature Date 28/12/2014 Capacity OWNER 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 Date Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) MR &MRS MATHU		
Capacity OWNER 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 Date Capacity Capacity Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	3	
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 Date Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		
authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		Capacity OWNER
Date Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		authorised agent (please read guidance note 4). If signing on behalf of the
Date Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		-
Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		-
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		Capacity
correspondence associated with this application (please read guidance note 5)		
		correspondence associated with this application (please read guidance note 5)

3

Consent of individual to being specified as premises supervisor

SENTHURAN SHANMUGANANTHAN	
[full name of prospective 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

VARYING A PREMISES LICENCE TO SPECIFY DPS [Type of application]
by CHENNAL CHUTNEY LIMITED [name of applicant]
relating to a premises licence
for CHENNAL CHUTNEY
192 ALEXANDRA AVENUE, SOUTH HARROW,
HA2 9BN [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 CHENNAL CHUTNEY LIMITED [name of applicant]
concerning the supply of alcohol at CHENNAI CHUTNEY
192 ALEXANDRA AVENUE, SOUTH HARROW,
HA2 9BN
[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 / 000015032 [insert personal licence number, if any]

> LONDON BOROUGH OF EALING r of personal licence issuing authority, if

SENTHURAN SHANHUGANAN THAN (please print)

28/12/2014-_____dated