



Harrow

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

For help contact

licensing@harrow.gov.uk Telephone: 020 8901 2600

Section 1 of 4		
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	207	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 b	oehalf of the applicant? No	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	Sakthivel	
* Family name	Sachithananthan	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	elephone
Is the applicant:		
Applying as a businessApplying as an individ	s or organisation, including as a sole trader lual	A sole trader is a business owned by one 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?	C Yes • No	
* Is the applicant's business registered outside the UK?		į
* Business name	Check Us Food and Wine	If the applicant's business is registered, use its registered name.
*VAT number -	none	Put "none" if the applicant is not registered for VAT.

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* Legal status	Sole Trader			
* Applicant's position in the business	Manager			
Home country	United Kingdom	The country where the applicant's headquarters are.		
Applicant Business Address		If the applicant has one, this should be the		
* Building number or name	401	applicant's official address - that is an address required of the applicant by law for receiving communications.		
* Street	Eastcote lane	receiving communications.		
District	South Harrow			
* City or town	Middlesex			
County or administrative area				
* Postcode	HA2 8SE			
* Country	United Kingdom			
Agent Details				
* First name	Henna			
* Family name	Malik			
* E-mail				
Main telephone number		Include country code.		
Other telephone number		J		
☐ Indicate here if you wo	uld prefer not to be contacted by telephone			
Are you:				
 An agent that is a busin 	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 acting as an agent				
Agent Business				
* Is your business registered in the UK with Companies House?				
* Registration number	09036487			
* Business name	Arka Licensing Consultants	If your business is registered, use its registered name.		
* VAT number -	none	Put "none" if you are not registered for VAT.		
* Legal status	Private Limited Company			

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* Your position in the business	Licensing Consultant		
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	Trident Business Centre		
* Street	89 Bickersteth Road		
District			
* City or town	London		
County or administrative area			
* Postcode	SW17 9SH		
* Country	United Kingdom		
	ACCO.		
Section 2 of 4			
PREMISES DETAILS			
I/we 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/000000737/2011/4		
Are you able to provide a post	al address, OS map reference or description of t	he premises?	
♠ Address	p reference C Description		
Address			
* Building number or name	401		
* Street	Eastcote lane		
District			
* City or town	Middlesex		
County or administrative area			
Postcode	HA2 8SE		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For example, what type of premises it is			

Continued from previous page				
Convenient store, with retail	sale of Alcohol off the premises			
Section 3 of 4		 		
SUPERVISOR				
Full Name Of Proposed Desi	ignated Premises Supervisor			
* First name	Sakthivel			
* Family name	Sachithananthan			
Personal licence number of		1		
proposed designated premises supervisor	05SS-00AQ-N9TH-KQ7L			
Issuing authority of that licence	Harrow			
Full Name Of Existing Desig	nated Premises Supervisor			
First name	Sripathmanathan			
Family name	Rajkumar			
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 o	f		
	○ 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 this				
As an attachment to the	s variation	If the consent form is already submitted, ask		
Reference number for conser form (if known)	ıt	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.				
This formality requires a fixed fee 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.				

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Ticking this box indicates you have read and understood the above declaration			
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"			
* Full name	Henna Malik		
* Capacity	Licensing Consultant		
* Date	14 / 07 / 2015 dd mm yyyy		
	Remove this signatory		
Full name	Henna Malik		
Capacity	Licensing Consultant		
* Date	14 / 07 / 2015 dd mm yyyy		
	Remove this signatory		
	Add another signatory		
OFFICE USE ONLY			
Applicant reference number	207		
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 1 2 3 4 Next >			

Consent of individual to being specified as premises supervisor

I first the same of a second active a second constraint and	JUL 2015
***************************************	301 2015
Logi - in	
	CEVED
[home address of prospective premises supervisor]	***************************************
hereby confirm that I give my consent to be specified as the designated prem supervisor in relation to the application for	ises
D.C.S. Snotech Gremises Superill Sux [type of appl	ication]
by SAKTHINGL SACHITHANANTHAN [name of ap	plicant]
relating to a premises licence	e, if any]
for CHECK US FOOD and Wine	•••••
401, East-cote Lane, South Harrow, Middle	5 <u>0</u> ×
[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 SAKTHIVEL SACHITHAN AN THAN Iname of ap	plicant]
concerning the supply of alcohol at 401,6957.007.6. LANG	
SOUTH HARROW, HAZ 85E	******
[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 pelicence, details of which I set out below.	ersonal
Personal licence number 05.55 - 00.89 - N9TH - K47 L [insert personal licence number, if any]	
	NTRE HARROW Pority, If HAI 2U 0 8901 2600
signed	
SAKTHINEL SACHITHANN Thame (please print) RECEIVE	OF HARRA
09 10 71 15 dated 14 JUL 20	The same of the sa
60 1 30L 20	713 J