

Harrow

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

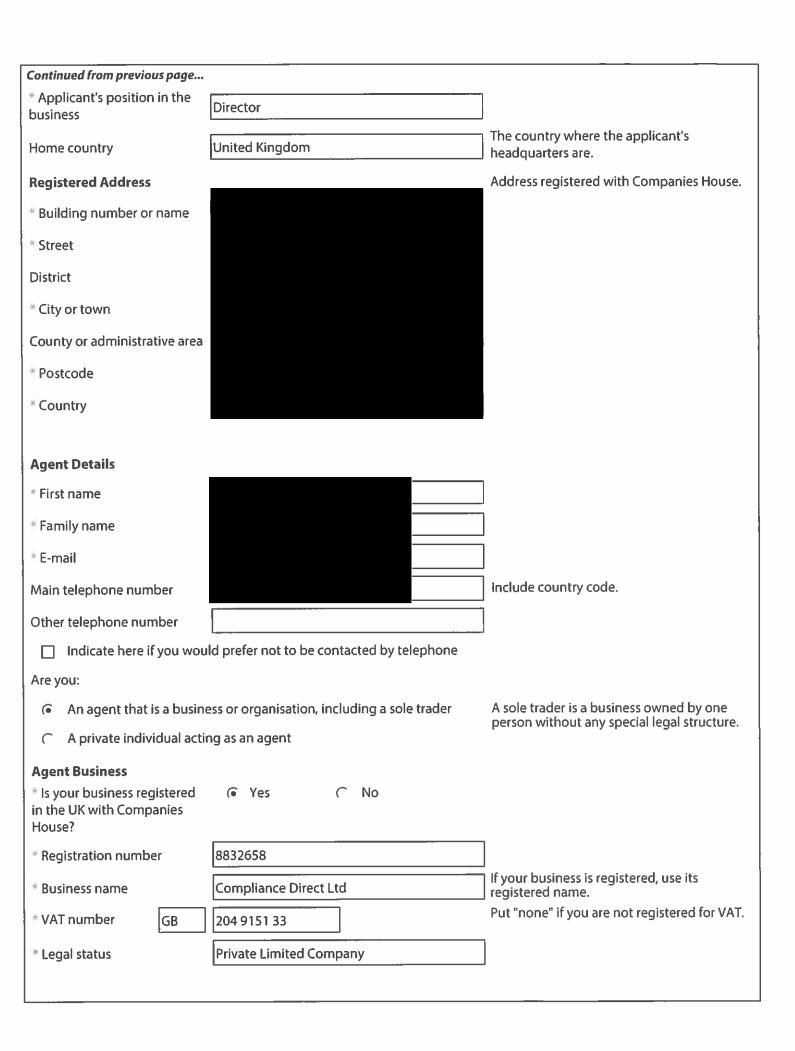
For help contact

licensing a harrow.gov.uk

Telephone: 020 8901 2600

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		
	lo	work for.		
Applicant Details		RECEIVED 08 JUN 2016		
* First name	UTHAMA KUMARA			
* Family name	NAIDU	OMMUNITY SAFETY SERVICES		
* E-mail	j.			
Main telephone number		Include country code.		
Other telephone number				
	cant would prefer not to be contacted by telep	hone		
Is the applicant:				
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one		
Applying as an individual	al	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?				
* Registration number	08021399			
* Business name	Dine India (London) Ltd	If the applicant's business is registered, use its registered name.		
* VAT number -	none	Put "none" if the applicant is 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			
* Street			
District			
* City or town			
County or administrative area			
* Postcode			
* Country			
Section 2 of 4			
PREMISES DETAILS		_	
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this ap 2003.	oplication as the premises supervisor under	
* Premises licence number	LN/000003287/2015/9		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
	p reference C Description		
Address			
* Building number or name	CINNAMON PLACE, 410 FIRST FLOOR		
* Street	KENTON LANE		
District			
* City or town	Harrow		
County or administrative area			
Postcode	HA3 8RQ		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For example 1	mple, what type of premises it is		

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Restaurant and Bar.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	UMESH	
* Family name	BHANDARI	
Personal licence number of		
proposed designated premises supervisor	LBWANDS/04328	
Issuing authority of that		
licence	LB WANDSWORTH	J
Full Name Of Existing Desig	nated Promises Supervisor	
]		1
First name	EUGEN-MARCEL	J 5 1 6
Family name	VINERSER	J
* Would you like this applicati the Licensing Act 2003?	ion to have immediate effect under section 38 o	f
	C No	
* Will the premises licence or application?	relevant part of it be submitted with this	
	C No	
How will the consent form of the proposed designated premises supervisor be supplied to the authority?		
C Electronically, by the proposed designated premises supervisor		
As an attachment to this	s variation	
Reference number for consen	it	If the consent form is already submitted, ask
form (if known)		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	Puthrasingam Sivashankar		
* Capacity	Authorised Agent		
* Date	08 / 06 / 2016 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 1 2 3 4 Next >			

Consent of individual to being specified as premises supervisor

ı	Mr Umesh Banddhari Bhandari
Š.	[full name of prospective premises supervisor]
of	
[home	e address of prospective premises supervisor]
	by confirm that I give my consent to be specified as the designated premises rvisor in relation to the application for
Var	iation of Designated Premises Supervisor
[type	of application]
by	
Mr	U Naidu
[name	of applicant]
	LN/00003287/2014/5
relati	ng to a premises licence (number of existing licence, if any)
for	
	namon, 406 Kenton Lane, Belmont Circle, HA3 8RQ LACE

[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	
Mr U Naidu	
[name of applicant]	***************************************
Cinnamon, 406 Kenton Lane, Belmont Circle, HA3 8RQ	
[name and address of premise	s 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	/
[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)	Umosh Bhandan
Date	7 Jury 2016