

Harrow

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

For help contact

licensing Charrow.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 | | |
| ← Yes ← N | No | work for. | | |
| Applicant Details | | | | |
| * First name | Mellissa | | | |
| * Family name | Shelley |] | | |
| * E-mail | | | | |
| Main telephone number | | include country code. | | |
| Other telephone number | | | | |
| ☐ Indicate here if you wou | ld prefer not to be contacted by telephone | | | |
| Are you: | | | | |
| Applying as a business or organisation, including as a sole trader A sole trader is a business owned by one | | A sole trader is a business owned by one person without any special legal structure. | | |
| C Applying as an individual | | Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby. | | |
| Applicant Business | | | | |
| Is your business registered in the UK with Companies House? | • Yes C No | Note: completing the Applicant Business section is optional in this form. | | |
| Registration number | 05266811 | | | |
| Business name | Spirit Pub Company (Services) Limited | If your business is registered, use its registered name. | | |
| VAT number GB | 514918246 | Put "none" if you are not registered for VAT. | | |
| Legal status | Private Limited Company | | | |
| | | 187 | | |

| Continued from previous page | | - |
|--|--|---|
| Your position in the business | Licensing Assistant | |
| Home country | United Kingdom | The country where the headquarters of your business is located. |
| Registered Address | | Address registered with Companies House. |
| Building number or name | Westgate Brewery | |
| Street | | |
| District | | |
| City or town | Bury St Edmunds | |
| County or administrative area | | |
| Postcode | IP33 1QT | |
| Country | United Kingdom | |
| | | |
| 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/000000550/2017/12 | |
| 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 | Change of Hart | |
| * Street | 21 High Street | |
| District | | |
| * City or town | Edgeware | |
| County or administrative area | Middlesex | |
| Postcode | HA8 7EE | |
| * 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 | | |
|--|--------------------------------------|---|
| Public House | | |
| abile House | | |
| | | |
| Section 3 of 4 | | |
| SUPERVISOR | | |
| Full Name Of Proposed Desi | gnated Premises Supervisor | |
| # First name | Nancy | |
| * Family name | Pritchard | |
| Personal licence number of | | |
| proposed designated | 16/00331/LAPER | |
| premises supervisor | | |
| Issuing authority of that licence | Chelmsford City Council | |
| licerice | | • |
| Full Name Of Existing Design | nated Premises Supervisor | |
| First name | Christopher | |
| Family name | Hall | |
| * Would you like this application to have immediate effect under section 38 of the Licensing Act 2003? | | |
| Yes | ← No | |
| * Will the premises licence or relevant part of it be submitted with this application? | | |
| Yes | ○ No | |
| How will the consent form of the proposed designated premises supervisor be supplied to the authority? | | |
| C Electronically, by the pro | posed designated premises supervisor | |
| As an attachment to this | variation | |
| | | If the consent form is already submitted, ask |
| Reference number for consent 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. | | |

| m .a .a | | |
|--|------------------------------|--|
| Continued from previous page | | |
| 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 | Mellissa Shelley | |
| * Capacity | Licensing Assistant | |
| * Date | 07 / 03 / 2017 dd mm yyyy | |
| | Remove this signatory | |
| | | |
| 7 33 33 | 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

Nancy Prichard
[full name of prospective premises supervisor]

of

| supervisor in relation to the applica | ation for |
|---|--|
| To vary the premises licence to s | pecify an individual as the DPS |
| [type of application] | |
| by | |
| Spirit Pub Company (Services) Li | mited |
| [name of applicant] | *************************************** |
| relating to a premises licence [num | N/00000550/2017/12 nber of existing licence, if any] |
| for | |
| The Chunge of finame and address of premisealto which the | Hourt Rublic House, 21 thigh Street, Edguare, Middle Sex, HA8766 |

| and any premises licence to be granted or varied in respect of this application made | | |
|--|---|--|
| Spirit Pub Company (Services) Limited | | |
| [name of applicant] | *************************************** | |
| concerning the suppl | y of alcohol at | |
| | | |
| The Change of Hart Public House, 21 High Street, Edgware, Middlesex, | | |
| HASTEE. | | |
| | | |
| [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 numb | per | |
| [insert personal licence number, if any] | | |
| Personal licence issuing authority | | |
| Chelm stord City Council (insert name and address and telephone number of personal licence issuing authority, if any) | | |
| 5) | | |
| | | |
| Signed | | |
| olghed | | |
| Name (please print) | Nancy Prtchard | |
| Date | 23/02/16. | |
| | | |