

* required information

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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	CC/Cafe Rouge	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?

Yes 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	Casual Dining Services Limited
* Family name	.
* E-mail	carole@woodswhur.co.uk
Main telephone number	01132343055
Other telephone number	

Include country code.

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

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? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number	06022568
Business name	Casual Dining Services Limited
VAT number	GB .
Legal status	Private Limited Company

If the applicant's business is registered, use its registered name.

Put "none" if the applicant is not registered for VAT.

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Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

An agent that is a business 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? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

If your business is registered, use its registered name.

VAT number

Put "none" if you are not registered for VAT.

Legal status

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Your position in the business Practice Manager

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 Devonshire House

Street 38 York Place

District

City or town Leeds

County or administrative area

Postcode LS1 2ED

Country United Kingdom

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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/000000541/2015/8A

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Address

* Building number or name Cafe Rouge

* Street 13-13A High Street

District

* City or town Pinner

County or administrative area Middlesex

Postcode HA5 5PJ

* Country United Kingdom

Contact Details

E-mail carole@woodswhur.co.uk

Telephone number 01132343055

Other telephone number

Describe the premises. For example, what type of premises it is

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Restaurant

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth

dd mm yyyy

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* 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?

Electronically, by the proposed designated premises supervisor

As an attachment to this variation

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

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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.

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This formality requires a fixed fee of £23

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

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

* Capacity

* Date / /
dd mm yyyy

OFFICE USE ONLY

Applicant reference number	<input type="text" value="CC/Cafe Rouge"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

Consent of individual to being specified as premises supervisor

I **Katie Movita Cook**

Of

hereby confirm that I give my consent to be specified as the designated premises supervisor
in relation to the application for

Variation of Designated Premises Supervisor

by **Casual Dining Services Limited**

relating to premises licence

for **Café Rouge, 13-13A High Street, Pinner, Middlesex, HA5 5PJ**

and any premises licence to be granted or varied in respect of this application made by

Casual Dining Services Limited

concerning the supply of alcohol at

Café Rouge, 13-13A High Street, Pinner, Middlesex, HA5 5PJ

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend
to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number - **07/01162/LAPER**

Personal licence issuing authority - **Watford Borough Council**

Signed

Name **Katie Movita Cook**

Dated **30/11/17**