

## Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

\* required information

Section 1 of 4		
You can save the form at any t	ime 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 be	half of the applicant? lo	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	Carluccio's Ltd	
* Family name	Carluccio's Ltd	
* E-mail	charlotteg@carluccios.com	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>Applying as a business or organisation, including as a sole trader</li><li>Applying as an individual</li></ul>		A sole trader is a business owned by one person without any special legal structure. 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 No	Note: completing the Applicant Business section is optional in this form.
Registration number	2001576	
Business name	Carluccio'sLtd	If your business is registered, use its registered name.
VAT number	444005781	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Licensing Manager	
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	35	
Street	Rose Stret	
District		
City or town	London	
County or administrative area		
Postcode	WC2E 9EB	
Country	United Kingdom	
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/00005405/2017/7	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description	
Address		
* Building number or name	15-17	
* Street	High Street	
District		
* City or town	London	
County or administrative area		
Postcode	HA5 5PJ	
* Country	United Kingdom	
<b>Contact Details</b>		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed De	signated Premises Supervisor	
* First name	Sebastiano	
* Family name	Ligato	
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	02296	
Issuing authority of that licence	Lambeth	
Full Name Of Existing Desi	gnated Premises Supervisor	
First name	Marcelo	
Family name	Vasquez Fuentes	
* Would you like this application the Licensing Act 2003?	ation to have immediate effect under section 38 c	f
<ul><li>Yes</li></ul>	○ No	
* Will the premises licence capplication?	r relevant part of it be submitted with this	
<ul><li>Yes</li></ul>	○ No	
How will the consent form of be supplied to the authority	of the proposed designated premises supervisor ?	
C Electronically, by the p	roposed designated premises supervisor	
<ul> <li>As an attachment to the</li> </ul>	nis variation	
Reference number for conse form (if known)	ent	If the consent form is already submitted, ask 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.

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This formality requires a fixed	fee of £23	
DECLARATION		
<ul> <li>I/we understand it is an offer statement in or in connection</li> </ul>	nce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false n 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 comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on	
* Full name	Charlotte Griffin	
* Capacity	Licensing Manager	
* Date	04 / 01 / 2018 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 <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >		

## CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

## To be completed in block capitals

Signed

Name Printed

Dated

SEBASTIANO LIGATIO