

## 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		
	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	Carluccios Pinner VDPS APP - TCO	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 I	oehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
<ul><li>Yes</li><li>No</li></ul>		work for.
Applicant Details		
* First name	C1 Acquisitions Limited	
* Family name	C1 Acquisitions Limited	
* 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	lephone
Is the applicant:		
<ul><li>Applying as a busines</li></ul>	s or organisation, including as a sole trader	A sole trader is a business owned by one
<ul> <li>Applying as an individual</li> </ul>		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?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.
Registration number	07357672	
Business name	C1 Acquisitions Limited	If the applicant's business is registered, use its registered name.
VAT number GB	275459172	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

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Applicant's position in the business	Premises Licence Holder	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	35	
Street	Rose Street	
District		
City or town	London	
County or administrative area		
Postcode	WC2E 9EB	
Country	United Kingdom	
Agent Details		
* First name	Poppleston Allen Solicitors - Tonya Cooper	
* Family name	Poppleston Allen Solicitors - Tonya Cooper	
* 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:		
<ul><li>An agent that is a busine</li></ul>	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individual actir</li> </ul>	ng as an agent	person without any special legal structure.
Agent Business		
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?		
Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.
VAT number GB	610752862	Put "none" if you are not registered for VAT.
Legal status	Partnership	

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Your position in the business	Paralegal		
Home country	United Kingdom	The country where the headquarters of business is located.	of your
Agent Business Address		If you have one, this should be your of	
Building number or name	37	address - that is an address required of by law for receiving communications.	ryou
Street	Stoney Street		
District			
City or town	Nottingham		
County or administrative area			
Postcode	NG1 1LS		
Country	United Kingdom		
Section 2 of 4			
PREMISES DETAILS			
I/we apply to vary a premises I section 37 of the Licensing Act		I named in this application as the premises supervisor un	ider
* Premises licence number	LN/000005405/2018/10		
Are you able to provide a post	al address, OS map reference	or description of the premises?	
<ul><li>Address</li><li>OS ma</li></ul>	p reference C Descri	ion	
Address			
* Building number or name	Carluccio's		
* Street	15-17 High Street		
District			
* City or town	Pinner		
County or administrative area			
Postcode	HA5 5PJ		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For exa	mple, what type of premises	is	

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Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	ignated Premises Supervisor	
* First name	Emanuela	
* Family name	Di Monte	
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	6939	
Issuing authority of that licence	Southwark Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Mark	
Family name	Bond	
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
<ul><li>Yes</li></ul>	○ No	indisposed or unable to work.
☑ I will notify the existing	ng premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or application?	relevant part of it be submitted with this	
○ Yes	<ul><li>No</li></ul>	
* Reasons why the premises I	icence or relevant part of it will not be submitted v	with this application
The original Premises licence	will follow via first class post.	

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How will the consent form of the supplied to the authority?	ne proposed designated premises supervisor	
<ul> <li>Electronically, by the prop</li> </ul>	oosed designated premises supervisor	
<ul> <li>As an attachment to this</li> </ul>	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'
Section 4 of 4		
PAYMENT DETAILS		
·	thority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed for	ee or 123	
DECLARATION		
I/we understand it is an offen- statement in or in connection	ce, liable on conviction to a fine under section a with this application.	158 of the licensing act 2003, to make a false
STATEMENT IN OR IN CONNECT SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS IT PARTNERSHIPS] IT IS AN OFFET THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIANATIONALITY ACT 2006 AND, THEY DO SO IN THE KNOWLEI	S AN OFFENCE, UNDER SECTION 158 OF THE LIC CTION WITH THIS APPLICATION. THOSE WHO M IS FINE OF ANY AMOUNT. [APPLICABLE TO INDIV NOT A LIMITED LIABILITY PARTNERSHIP, BUT NO ENCE UNDER SECTION 24B OF THE IMMIGRATIO DNABLE CAUSE TO BELIEVE, THAT THEY ARE DIS INTUSTION THE THEY ARE DIS ABLE TO A CIVIL PENALTY UNDER SECTION 15 OF INTUSTION PURSUANT TO SECTION 21 OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE THE SAME ACT,	IAKE A FALSE STATEMENT MAY BE LIABLE ON IDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY IN ACT 1971] FOR A PERSON TO WORK WHEN QUALIFIED FROM DOING SO BY REASON OF AVE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE IS, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be complet behalf of the applicant?"	ted by the applicant, unless you answered "Yes'	to the question "Are you an agent acting on
* Full name	Poppleston Allen Solicitors	
* Capacity	Solicitors for and on behalf of the applicant	
* Date	01 / 03 / 2019 dd mm yyyy  Remove this signatory	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory	

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	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	Carluccios Pinner VDPS APP - TCO	
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		
1 2 3 4	Next >	

## CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

To be completed	in block capitals	8
, EHANVELA	DI MONTE	of

address) hereby confirm that I give my consent to be specified as the Designated Premises
Supervisor in relation to the application for a Variation of DPS by C1 Acquisitions Limited
relating to a Premises Licence LN/000005405/2018/10 for Carluccio's, 15-17 High Street,
Pinner, HA5 SPJ and any premises licence to be granted or varied in respect of this
application made by C1 Acquisitions Limited concerning the supply of alcohol at Carluccio's,
15-17 High Street, Pinner, HA5 SPJ

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: 6939

Personal Licence Issuing Authority - SOUTHWARK

I hereby consent for my personal information to be disclosed to all relevant Responsible Authorities under the Licensing Act 2003 in respect of my appointment as Designated Premises Supervisor for the premises detailed above.

Signed

Name Printed

FMANUELA DI MONTE

Dated