

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 an	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	behalf of the applicant?	Put "no" if you are applying on your own
• Yes	No	behalf or on behalf of a business you own or 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:		
Applying as a businesApplying as an individ	s or organisation, including as a sole trader lual	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?	YesNo	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:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
 A private individual actir 	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 your business is located.
Agent Business Address		If you have one, this should be your official
Building number or name	37	address - that is an address required of you by law for receiving communications.
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		ed in this application as the premises supervisor under
* Premises licence number	LN/000005405/2019/11	
Are you able to provide a post	al address, OS map reference or des	cription of the premises?
AddressOS ma	p reference O Description	
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 it is	

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Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Gilberto	
* Family name	Ferreira	
	dd mm yyyy	
Personal licence number of		
proposed designated premises supervisor	LN000006180	
Issuing authority of that licence	Harrow Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Emanuela	
Family name	Di Monte	
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
Yes	○ No	indisposed or unable to work.
I will notify the existing	g 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	No	
* Reasons why the premises li	cence or relevant part of it will not be submitted v	vith 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		
 Electronically, by the proj 	posed 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'	
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 f	ee of E23		
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	
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 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	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

Type a quote from the docur or the summary of an interest point. You can position the te box anywhere in the docume Use the Text Box Tools tab to change the formatting of the l.xoc

To be completed in block capitals

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ı	Gilb	erto	HERRE	IMA	of

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 5PJ 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 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:- L N 00 00 006/80

HARROW Personal Licence Issuing Authority:-

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

Dated

CILBERTO FERRETRA 08/04/19