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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

11. MR MIRWAIS NAZARI

(full name(s) of premises licence holder)

being the premises licence holder, 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 N/0500006 Les (<

Part 1 – Premises details							
Postal address of premises or, if none, ordnance survey map reference or							
description							
DAILY FOOD, 241 STATIO	KOND. HARROW						
Post town	Post code (if known)						
	Post code (if known) HAL 2TB						
Telephone number (if any)							
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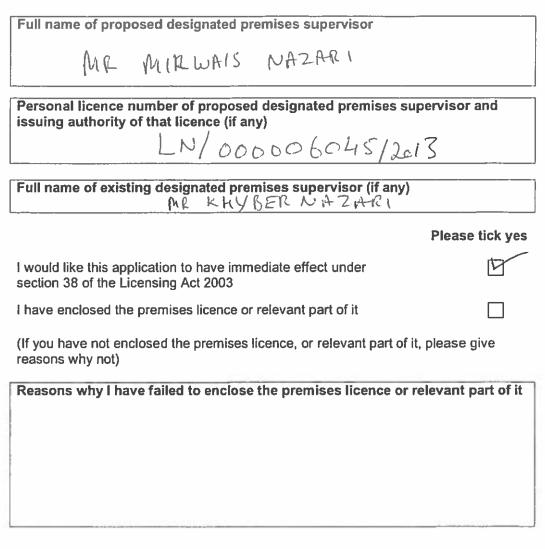
Part 2

supervisor

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Please tick yes

I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police I have enclosed the consent form completed by the proposed premises <u>d</u> d d d I have enclosed the premises licence, or relevant part of it or explanation I will give a copy of this form to the existing premises supervisor, if any I understand that if I do not comply with the above requirements my application will be rejected

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

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant's so (See guidance note 3). If signing on what canacity	Dicitor or other duly authorised agent behalf of the applicant please state in				
Signature					
Date 21 11 16					
Capacity OWNER/ APPLICO	ANT				
For joint applicants signature of 2 nd applicant 2 nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.					
Signature					
Date	245 - 47 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1				
Capacity					
Contact name (where not previously giv correspondence associa guidance note 5)	ven) and postal address for ated with this application (please read				
Post town	Post Code				
Telephone number (if any)					
If you would prefer us to correspond with you by e-mail your e-mail address (optional)					

Consent of individual to being specified as premises supervisor

MIRWAIS NAZARI 21

[full name of prospective premises supervisor]

of

1

[home address of prospective premises supervisor]

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

MR MIRWAIS NAZARI

[type of application]

by

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

DAILY FOOD 241 STATION ROAD HARROW WILDELE SEX HAI 2TB

[name and address of premises to which the application relates]

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

[name of applicant]

concerning the supply of alcohol at

[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 number

LN/ 0000 6045/2013 [insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROLLIN OF HARROW

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed				
Name (please print)	ME	MIRWAIS	NHZ MRI	