

* 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	AP - Duck in the pond VDPS	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	Mitchells & Butlers Leisure Retail Limited	
* Family name	Mitchells & Butlers Leisure Retail Limited	
* E-mail	a.tomlinson@popall.co.uk	
Main telephone number		Include country code.
Other telephone number		

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	1001181	
Business name	Mitchells & Butlers Leisure Retail Limited	If the applicant's business is registered, use its registered name.
VAT number	<div style="border: 1px solid black; padding: 2px; display: inline-block;">GB</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">4551498</div>	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

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.

Is your business registered outside the UK? Yes No

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

Home country

The country where the headquarters of your business is located.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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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

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

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

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

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Licensed premise

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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

* Date you would like this application to have effect under section 38 of the Licensing Act 2003 / /
dd mm yyyy

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

* Reasons why the premises licence or relevant part of it will not be submitted with this application

Original licence already held with council following previous application.

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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.

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="AP - Duck in the pond VDPS"/>
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"/>

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MITCHELLS AND BUTLER LEISURE RETAIL LIMITED

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS DESIGNATED PREMISES SUPERVISOR

To be completed in block capitals

I (Insert Full Name)

PAUL JAMES McNAMARA

of (Insert Home Address)

[REDACTED]

hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a Variation of the Premises Licence by Mitchells and Butler Leisure Retail Limited relating to a Premises Licence

(Insert Premises Licence Number)

LN / 000000578 / 2014 / 15

for (Insert Name and Address of Premises)

THE DUCK IN THE POND
KENTON WANE, STANMORE HARROW HA3 6AA

and any licence to be granted or varied in respect of this application made by Mitchells Butlers Leisure Retail Limited, concerning the supply of alcohol at

(Insert Name and Address of Premises)

THE DUCK IN THE POND
KENTON WANE, STANMORE HARROW HA3 6AA

I also confirm that I am entitled to work in the United Kingdom and hold a personal licence, details of which I set out below:

Personal Licence Number	PL / 590
Personal Licence Issuing Authority	WEST OXFORDSHIRE

[REDACTED]

Signed	[REDACTED]
Print Name	PAUL JAMES McNAMARA
Date	28/12/2017

Once completed, please sign the form by hand and email a scanned copy/ clear photo of the form to MABconsents@popall.co.uk then post the original to: Poppieston Allen Licensing Solicitors, 37 Stoney St, The Lace Market, Nottingham, NG1 1LS.

