

* required information

| Section 1 of 4 | | | |
|--|---|---|--|
| You can save the form at any | time and resume it later. You do not need to be | e 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 | ESSO BELMONT | 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? | | Put "no" if you are applying on your own behalf or on behalf of a business you own or | |
| (● Yes C No | | work for. | |
| Applicant Details | | | |
| * First name | ROC UK LIMITED |] | |
| * Family name | N/A | | |
| * E-mail | | | |
| Main telephone number | | Include country code. | |
| Other telephone number | | | |
| Indicate here if the app | licant would prefer not to be contacted by tele | phone | |
| Is the applicant: | | | |
| Applying as a business | or organisation, including as a sole trader | A sole trader is a business owned by one | |
| C Applying as an individual | | 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 | | |
| * Registration number | 4558828 | | |
| * Business name | ROC UK LIMITED | If the applicant's business is registered, use its registered name. | |
| * VAT number - | N/A | 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 | DULY AUTHORISED AGENTS |] | |
| Home country | United Kingdom | The country where the applicant's headquarters are. | |
| Registered Address | | Address registered with Companies House. | |
| * Building number or name | EXXON MOBIL HOUSE |] | |
| * Street | ERMYN WAY |] | |
| District | |] | |
| * City or town | LEATHERHEAD | | |
| County or administrative area | SURREY | | |
| * Postcode | KT22 8UX | | |
| * Country | United Kingdom | | |
| | | | |
| Agent Details | | | |
| * First name | LOCKETT & CO | | |
| * Family name | N/A | | |
| * 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. | |
| C 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? | | | |
| * Registration number | 2728479 | | |
| * Business name | LOCKETT & CO | If your business is registered, use its registered name. | |
| * VAT number GB | 589415592 | Put "none" if you are not registered for VAT. | |
| * Legal status | Private Limited Company | | |
| | | | |

| Continued from previous page | | |
|--|--|---|
| * Your position in the business | | |
| Home country | United Kingdom | The country where the headquarters of your business is located. |
| Agent Registered Address | | Address registered with Companies House. |
| * Building number or name | LOCKETT HOUSE | |
| * Street | 13 CHURCH STREET | |
| District | | |
| * City or town | KIDDERMINSTER | |
| County or administrative area | | |
| * Postcode | DY10 2AH | |
| * 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/00000596/2012/6 | |
| Are you able to provide a post | al address, OS map reference or description of t | he premises? |
| Address C OS ma | p reference C Description | |
| Address | | |
| * Building number or name | ESSO BELMONT SERVICE STATION | |
| * Street | BELMONT CIRCLE | |
| District | | |
| * City or town | BELMONT | |
| County or administrative area | HARROW | |
| Postcode | HA3 8RF | |
| * 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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| CONVENIENCE STORE LOCAT LOCALLY AND FURTHER AFIE | ED ON A PETROL FORECOURT TRADING UNDER LD. | COMPANY OWN FORMAT SERVING THOSE |
|--|---|---|
| Section 3 of 4 | | |
| SUPERVISOR | | |
| Full Name Of Proposed Desi | gnated Premises Supervisor | |
| * First name | JOSEPH OLIVER ANASLEY |] |
| * Family name | FERNANDO |] |
| Personal licence number of proposed designated premises supervisor | 13/00030/LAPER |] |
| Issuing authority of that licence | WATFORD BOROUGH COUNCIL |] |
| Full Name Of Existing Desig | nated Premises Supervisor | |
| First name | SHANE RICHARD |] |
| Family name | DAVIES | |
| * Would you like this applicati the Licensing Act 2003? | on to have immediate effect under section 38 o | f |
| Yes | (No | |
| * Will the premises licence or application? | relevant part of it be submitted with this | |
| C Yes | (No | |
| * Reasons why the premises li | cence or relevant part of it will not be submitted | l with this application |
| | ENCE IS ENCLOSED WITH THE APPLICATION. TH CE AND CAN BE RETURNED UPON REQUEST. | E ORIGINAL PREMISES LICENCE IS HELD AT |
| How will the consent form of t be supplied to the authority? | he proposed designated premises supervisor | |
| ← Electronically, by the pro | 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 | | |

| <u>/</u> | | | |
|--|--|--|--|
| Continued from previous page | | | |
| 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 | | | |
| | nce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application. | | |
| Ticking this box indicat | tes 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 | SARAH ASTON | | |
| * Capacity | DULY AUTHORISED AGENT | | |
| * Date | 11 / 02 / 2015 | | |
| | dd mm yyyy | | |
| | Remove this signatory | | |
| | Add another signatory | | |
| OFFICE USE ONLY | | | |
| | | | |
| Applicant reference number | ESSO BELMONT | | |
| 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 | | | |
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BOROUGH OF 1 2 FEB 2015 Consent of individual to being specified as premises supervisor JOSEPH OLIVER ANASLEY FERNANDO. [full name of prospective premises supervisor] L of [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 APPLICATION TO VARY DESIGNATED PREMISES SUPERVISON by KOC UK LIMITED LN 100000 596 / 2012/6 [number of existing licence, if any] relating to a premises licence FOR ESSO BELIMONT SERVICE STIATION BELMOUT CIRCLE BELMOUT HARROW HAS SRE [name and address of premises to which the application relates]

1 - 2 -

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

ROC UIC LIMITED -----

concerning the supply of alcohol at

1. 24 3

ESSO BELMONT SERVICE STATION BELMONT CIRCLE BELMONT HARROW HA3 8RF

[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

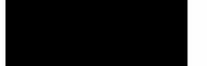
13/00030/LAPER Х

[insert personal licence number, if any]

Personal licence issuing authority

| * WATFOLD BOLOUGH COUNCIL, | TOWN HALL, | NATFORD | ND17 |
|---|----------------------------------|---------|------|
| [insert name and address and telephone number of personal | licence issuing authority, if ar | ly] | 3EX |





Name (please print)

| JOSEPH | OLSVER | ANA SLEY | FERNANJO |
|--------|------------------|----------|------------------------|
| | **************** | | ********************** |

