

Harrow

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

For help contact

licensing@harrow.gov.uk
Telephone: 020 8901 2600

* required information

y time and resume it later. You do not need to l	be logged in when you resume.
Not Currently In Use	This is the unique reference for this application generated by the system.
Extra food and wine	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
No	work for.
Artiben	
Patel	
	Include country code.
ould prefer not to be contacted by telephone	
s or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
lual	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
	Not Currently In Use Extra food and wine behalf of the applicant? No Artiben

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Your Address		Address official correspondence should be
* Building number or name	Extra food AND WINE, 311	sent to.
* Street	RAYNERS LANE	
District		
* City or town	PINNER	
County or administrative area	HARROW	
* Postcode	HA5 5EH	
* Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS	_	
I/we apply to vary a premises I section 37 of the Licensing Act		d in this application as the premises supervisor under
* Premises licence number	LN/000001045/2015/15	
Are you able to provide a post.	al address, OS map reference or descr	rintion of the premises?
	p reference	iption of the premises:
Address	,	
* Building number or name	311	
* Street	RAYNERS LANE	·
District	TOTALIS EATE	
* City or town	PINNER	
County or administrative area	HARROW	
Postcode	HA5 5EH	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	
sale of retail Alcohol		

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Continued from previous page			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desi	gnated Premises Supervisor		
* First name	Artiben		
* Family name	Patel		
Personal licence number of		_	
proposed designated premises supervisor	223358895		
Issuing authority of that licence	the London borough of Brent		
Full Name Of Existing Design	nated Premises Supervisor		
First name	chandrakanthan		
Family name	mylvaganam		
* 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?	elevant part of it be submitted with this		
	○ No		
How will the consent form of the supplied to the authority?	he proposed designated premises supervisor		
C Electronically, by the pro	posed designated premises supervisor		
 As an attachment to this 	variation		
Deference number for concert		If the consent form is already submitted, ask	
Reference number for consent form (if known)		the proposed designated premises supervisor for its 'system reference' or 'your	
, ,		reference'	
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the au	uthority. 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 or false statement in or in connection with this ap		
☐ Ticking this box indicates you have read and understood the above declaration			

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This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Artiben Patel
* Capacity	Sole Trader
* Date	17 / 08 / 2015 dd mm yyyy
	Remove this signatory
	Add another signatory
OFFICE USE ONLY	
Applicant reference number	Extra food and wine
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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Consent of individual to being specified as premises supervisor

1. Mrs Artiben J Patel [full name of prospective premises supervisor]	

••••••	× 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1
[nome address of prospective premises supervisor]	***************************************
hereby confirm that I give my consent to be specified as the supervisor in relation to the application for	designated premises
	[type of application]
by Aztiben J Patel	[name of applicant]
relating to a premises licence LN/000001045/2015/5 number	of existing licence If anyl
for Extra food & WINE	, , , , , , , , , , , , , , , , , , , ,
311, Rayners Lane, Pinner HA5 5EH [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 Artiben J Patel	[name of applicant]
concerning the supply of alcohol at Extra Pood &	- Wine_
311, Rayners Lane, Pinner	****************************
[name and address of premises to which application relates].	000000000000000000000000000000000000000
I also confirm that I am applying for, intend to apply for or cullicence, details of which I set out below.	rrently hold a personal
Personal licence number 22 33 58 895 [insert personal licence number, if any]	D2 broom)
Personal licence issuing authority Brent Councile [insert name and address and telephone number of personal licenty]	34 Wembley hill Rd nce issuing authority, if Wembley, HAS 8AD
signed	
Aztiben J. Patel name (please print)	
02/08/15	