

Harrow

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

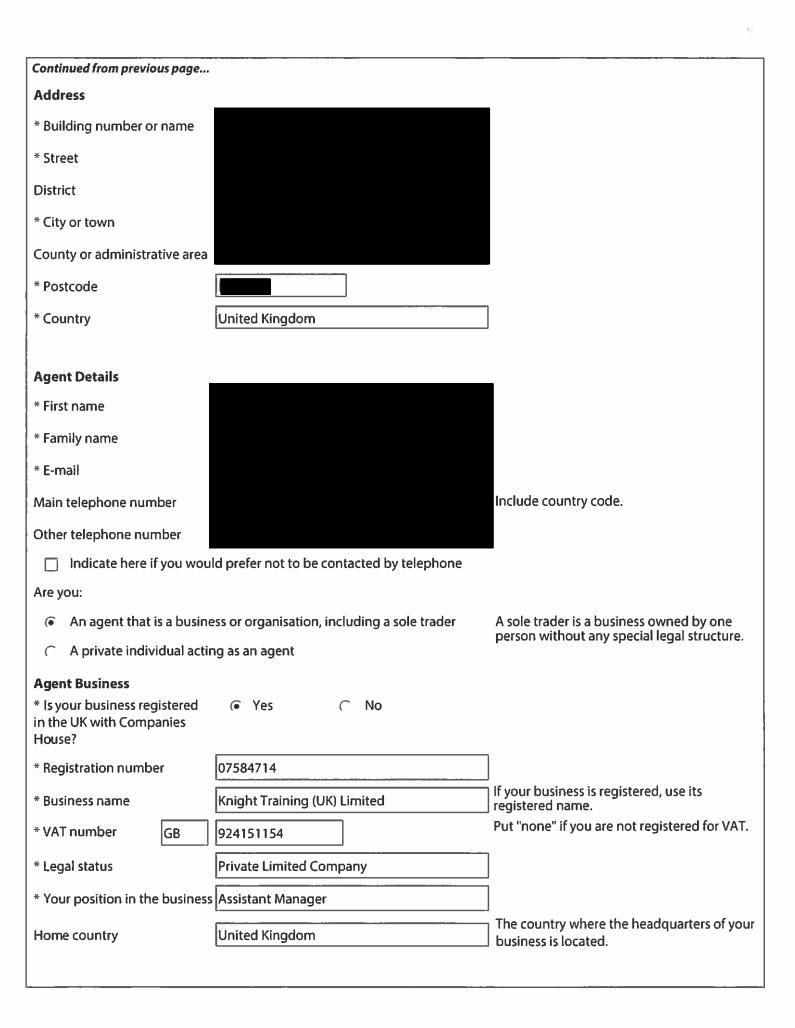
For help contact

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

* required information

ime and resume it later. You do not need to b	e logged in when you resume.
Not Currently In Use	This is the unique reference for this application generated by the system.
Michael Andreas Michael - Elysian	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
	NO. NO.
Michael Andreas	
Michael	
	Include country code.
icant would prefer not to be contacted by tel	ephone
or organisation, including as a sole trader	A sole trader is a business owned by one
ai	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.
	Not Currently In Use Michael Andreas Michael - Elysian half of the applicant? Michael Andreas Michael icant would prefer not to be contacted by teleproraganisation, including as a sole trader





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Agent Registered Address		Address registered with Companies House.	
* Building number or name	134 The Barracks, White Cross Business Park		
* Street	South Road		
District	Mary 1 - 2 de l'Ol fa		
* City or town	Lancaster		
County or administrative area			
* Postcode	LA1 4XQ		
* Country	United Kingdom		
Section 2 of 4			
PREMISES DETAILS			
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this ap 2003.	oplication as the premises supervisor under	
* Premises licence number	LN/000000594		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
AddressOS map	p reference C Description		
Address			
* Building number or name	Elysian Restaurant, 11		
* Street	Stanmore Hill		
District			
* City or town	Stanmore		
County or administrative area	Middlesex		
Postcode	HA7 3DP	170	
* Country	United Kingdom		
Contact Details	- <u></u> - og 78		
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For example, what type of premises it is			
The premises is a licensed restaurant			

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Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desi	gnated Premises Supervisor		
* First name	Michael Andreas		
* Family name	Michael		
Personal licence number of proposed designated premises supervisor	Application in progress		
Issuing authority of that licence	Harrow Council		
Full Name Of Existing Designated Premises Supervisor			
First name	Andreas		
Family name	Michael		
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?			
Yes	C No		
* 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	l with this application	
	holder has passed away and his son (the application death certificate and attach it to this application		
How will the consent form of the proposed designated premises supervisor be supplied to the authority?			
← Electronically, by the pro	pposed designated premises supervisor		
 As an attachment to this 	variation		
Reference number for consen form (if known)	t	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			
This fee must be paid to the a	uthority. If you complete the application online,	you must pay it by debit or credit card.	
 This formality requires a fixed	fee of £23		

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ATTACHMENTS			
AUTHORITY POSTAL ADDRES	S		
Address			
Building number or name			
Street			
District			
City or town			
County or administrative area			
Postcode			
Country	United Kingdom		
DECLARATION			
* I/we understand 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. 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?"			
Signature Of Applicant Or Ap	pplicant's Solicitor		
* Full name			
* Capacity			
Date (dd/mm/yyyy)			
Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor			
Full name			
Capacity			
Date (dd/mm/yyyy)			
	Remove this signatory		
	Add another signatory		

Consent of individual to being specified as premises supervisor
[full ments
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
by Michael Huchens Michael [name of applicant]
relating to a premises licence $\frac{LN/C594}{LN/C594}$ [number of existing licence, if any]
for Elysian II Stammore Hill, Stammere
H197 307
[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 121. Charel Andrews (Michael Iname of applicant)
concerning the supply of alcohol at
11 Stanmare Hill Stanmore Hot7 3D?
[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/000009473/2016/) [insert personal licence number, if any]
Personal licence issuing authority
signed Michael Hudrew Michaelname (please print)
315 July 2016 dated ONDON BOROUGH OF H

