

* required information

Section 1 of 4

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

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

VISHAL

* Family name

LUND

You must enter a valid e-mail address

* E-mail

NONE

Main telephone number

07853011166

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.

Continued from previous page...

Address

* Building number or name	<input type="text"/>
* Street	<input type="text"/>
District	<input type="text"/>
* City or town	<input type="text"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value="MANPREET SINGH"/>
* Family name	<input type="text" value="KAPOOR"/>
* E-mail	<input type="text" value="m.kapoor@personalllicencecourses.com"/>
Main telephone number	<input type="text" value="020 8606 0558"/>
Other telephone number	<input type="text"/>

Include country code.

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 private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Your Address

Address official correspondence should be sent to.

* Building number or name	<input type="text" value="PERSONAL LICENCE COURSES UK"/>
* Street	<input type="text" value="145 STATION ROAD"/>
District	<input type="text"/>
* City or town	<input type="text" value="WEST DRAYTON"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="UB7 7ND"/>
* Country	<input type="text" value="United Kingdom"/>

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PREMISES DETAILS

Continued from previous page...

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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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

dd mm yyyy

Personal licence number of proposed designated premises supervisor

Continued from previous page...

Issuing authority of that licence

EALING COUNCIL

Full Name Of Existing Designated Premises Supervisor

First name

ARTIBEN

Family name

PATEL

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

- Yes No

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

I will notify the existing premises supervisor (if any) of this application

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

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

- Yes No

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)

[Empty text box]

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

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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

Full name

Capacity

* Date / /
dd mm yyyy

OFFICE USE ONLY

Applicant reference number

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

Consent of individual to being specified as premises supervisor

I MR VISHAL LUND
[full name of prospective premises supervisor]

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

TRANSFER & VAR-1 OF DPS.
[type of application]

by

MR VISHAL LUND
[name of applicant]

relating to a premises licence LN/000001045/2018/6
[number of existing licence, if any]

for

EXTRA FOOD & WINE
311 RATNERS LANE
HARROW
HAS SEH.

[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

MR VISHAL LUND
[name of applicant]

concerning the supply of alcohol at

EXTRA FOOD & WINE
311 RAINERS LANE
HARROW
HAS SEEN

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

17 LIC 61991 PERS.
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed

Name (please print)

VISHAL LUND

Date

15-10-2018