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

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / we	EXPNESS	PURS	LIMITED.
	name(s) of premises		

being the premises licence holder, 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

	ş licence number	1	1	
LNI	000000928	12017/	3	 ·-

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

CROSTY'S BAR, 404 KENTON ROAD,

Post town

Post code (if known)

HAS GOW.

Telephone number (if any)

DE 0203 659 7540.

Description of premises (please read guidance note 1)

HALLEN

PUBLIC HONSE



Full na	me of propose	ed designated pre	emises supervisor		
. wii iidi		MUTHOWY			
	1				
Person	al licence nur authority of	nber of proposed that licence (if an	d designated premises y)	supervisor and	
	OSPP-	ODAQ - PE	4B-PTCF.		
Full na	me of existing	designated prei	mises supervisor (if an	у)	
	MADSUCKI	1 SHAMJI	VEKARIA.	Disease tiek	
				Please tick	yes
		ation to have imm nsing Act 2003	ediate effect under	<b>山</b>	
I have	enclosed the p	remises licence or	relevant part of it		
	have not enclo s why not)	sed the premises	licence, or relevant part	of it, please give	
Reaso	ns why I have	failed to enclose	the premises licence	or relevant part o	of it
				Please tick	yes
	I have made	or enclosed payme	ent of the fee ion to the chief officer of	police	P
:	I have enclos	ed the consent for	m completed by the prop	posed premises	Ø
			cence, or relevant part o		
•			the existing premises sumply with the above requi		U U
-	application w		.E.A. street was among to to de-	,	

## Consent of individual to being specified as premises supervisor

PHILLIP ANTHONY PARSONS.  [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
DPS UARIATION [type of application]
by
[name of applicant]
relating to a premises licence $\frac{LN}{000000928} \frac{12017}{3}$ .
for
FROSTY'S BAR
404 KENTON ROAD
HAMMON
HA3 90W.
[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
[name of applicant]
concerning the supply of alcohol at
FNOSTYS BAN
FROSTY'S BARL 404 KENTON ROAD
HA3 900 [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
05PP-00AQ-PDHB-PTCF- [insert personal licence number, if any]
Personal licence issuing authority
HALLOW CONNCIL- [insert name and address and telephone number of personal licence issuing authority, if any]
Signed
Name (please print)
Date   \

## Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- The application form must be signed.
   An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

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.

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.

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant's sol (See guidance note 3). If signing on behacapacity.	icitor or other duly authorised agent If of the applicant please state in what
Signature	CALAN MONAGHAN).
Date $ +-9-201+ $	
Capacity PINECTON	•••••••••••••••••••••••••••••••••••••••
For joint applicants signature of 2 <sup>nd</sup> app authorised agent (please read guidance napplicant please state in what capacity.	
Signature	
Date	
Capacity	
Contact name (where not previously giv correspondence associated with this ap	
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond wit (optional)	h you by e-mail your e-mail address