

Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

* required information

		required information
Section 1 of 4		
You can save the form at any t	ime 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	p53, Village Inn, Pinner	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 be	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.
		WOIK TOT.
Applicant Details		
* First name	DD]
* Family name	Wetherspoon	
		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
 Applying as an individual 	ai	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	Yes	
* Registration number	1709784	
* Business name	JD Wetherspoon Plc	If your business is registered, use its registered name.
* VAT number	396331433	Put "none" if you are not registered for VAT.
* Legal status	Public Limited Company	

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* Your position in the business	Licensing Administrator	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	Wetherspoon House	
* Street	Reeds Crescent	
District		
* City or town	Watford	
County or administrative area		
* Postcode	WD24 4QL	
* 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/00000885/2011/8	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	402-408	
* Street	Rayners Lane	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA5 5DY	
* Country	United Kingdom	
Contact Details		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

Continued from previous page		
Public House		
Public House		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Marco	
* Family name	Balloella	
Personal licence number of		1
proposed designated	LN/00000025	
premises supervisor		
Issuing authority of that	Three Rivers District Council	
licence	The control of the co	I
Full Name Of Existing Design	nated Premises Supervisor	
First name	Anne	
Family name	Jones	
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 o	f
Yes	○ No	
* Will the premises licence or rapplication?	elevant part of it be submitted with this	
Yes	○ No	
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	
Defenses when for consent		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	thority. 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 false statement in or in connection with this ap	

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$oxed{\boxtimes}$ Ticking this box indica	tes you have read and understood the above declar	ation
This section should be comple behalf of the applicant?"	ection should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on of the applicant?"	
	dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	p53, Village Inn, Pinner	
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		
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >	

[name and address of premises to which the application relates]

by	to be granted or varied in respect of this approximation
Marco Bollella	
[name of applicant]	
concerning the supply of	alcohol at
The Village Inn, 402-408	B Rayners Lane, Middlesex, HA5 5DY
	es to which application relates]
I also confirm that I am a licence, details of which I	applying for, intend to apply for or currently hold a personal set out below.
Personal licence number	S C C C C C C C C C C C C C C C C C C C
LN/000000025	
[insert personal licence number	ar, if any]
Personal licence issuing	authority
THREE RIVERS DISTR	
insert name and address and	telephone number of personal licence issuing authority, if any]
Signed	
Name (please print)	Marco Bollelia
Date	07/07/14

Application ref: harrow-123675 Licence: Application to vary a premises licence to specify an individual as designated premises supervisor JD Wetherspoon Applicant name: Applicant email: Submitted on: 09/07/2014 09:41 Total fee: £23.00 Payment status: Paid Capita ref: 072924 Amount paid: £23.00 Fee outstanding: £0.00 Application JD Wetherspoon application form Supporting documents (2) Premises plan Consent form of DPS **Authority Reference** Reference:

Tacit consent applies

Process by: 16/07/2014

Status: Collected on 09/07/2014

Expires: Expires in 6 days on

16-07-2014

