

Harrow

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

For help contact

licensing thanovagovit

Telephone: 020 8901 2600

required information

Section 1 of 4		
You can save the form at any	time and resume it later. You do not need to be	e 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	JO/53 - 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	chalf of the applicant?	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	D	
* Family name	Wetherspoon plc	
* E-mail	jodell@jdwetherspoon.co.uk	
Main telephone number	01923 477902	Include country code.
Other telephone number		
☐ Indicate here if you wou	ald prefer not to be contacted by telephone	
Are you:		
person without any special legal str Applying as an individual Applying as an individual means yo applying so you can be employed, o		A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
<b>Applicant Business</b> Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
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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Continued from previous page			
Your position in the business	Licensing Paralegal	The second of the second	
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.	pplication as the premises supervisor under	
* Premises licence number	LN/000000885/2017/13		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
	p reference C Description		
Address			
* Building number or name	Village Inn		
Street	402-408 Rayners Lane		
District			
* City or town	Harrow		
County or administrative area			
Postcode	HA5 7DY		
Country	United Kingdom		
Contact Details			
E-mail	p53@jdwetherspoon.co.uk		
Telephone number	020 8868 8551		
Other telephone number			
Describe the premises. For example, what type of premises it is			

Section 3 of 4  SUPERVISOR  Full Name of Proposed Designated Premises Supervisor  First name  Farrell  Nationality  Place of birth  Date of birth  Date of birth  Bate of b	C		in little
Section 3 of 4  SUPERVISOR  Full Name Of Proposed Designated Premises Supervisor  First name  Family name  Family name  Farrell  Nationality  Place of birth  Date of birth  BalliLo673  Personal licence number of proposed designated premises supervisor  Bisuling authority of that licence.  Full Name Of Existing Designated Premises Supervisor  First name  Andrew  Family name  Benjamin  Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?  Yes  No  No  How 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  Effection form of the proposed designated premises supervisor  Effection form of the proposed designated premises supervisor  Effection form of the proposed designated premises supervisor  First name  Reference number for consent form of the proposed designated premises supervisor  First name  Reference number for consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'  Section 4 of 4  PAYMENT DETAILS	Continued from previous page	· · · · · · · · · · · · · · · · · · ·	
Full Name Of Proposed Designated Premises Supervisor  First name  Family name  Nationality  Place of birth  Date of birth  Ball Lo673  Full Name Of Existing Designated Premises Supervisor  First name  Andrew  Family name  Benjamin  Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?  Yes  No  Will the premises licence or relevant part of it be submitted with this application?  For Yes  No  How will the consent form of the proposed designated premises supervisor  Electronically, by the proposed designated premises supervisor  First name  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	Public House		
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Family name   Family name   Farrell   Farrell	Full Name Of Proposed Desi	gnated Premises Supervisor	·
* Nationality  * Place of birth  * Date	* First name	Eric Seamus	
Place of birth  Date of birth  Date of birth  dd mm yyyyy  Personal licence number of proposed designated premises supervisor  Issuing authority of that licence  Hillington  Full Name Of Existing Designated Premises Supervisor  First name  Andrew  Family name  Benjamin  Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?  Yes No  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  Fas an attachment to this variation  Reference number for consent form of ronsent form (if known)  Section 4 of 4  PAYMENT DETAILS	* Family name	Farrell	
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Personal licence number of proposed designated premises supervisor    Issuing authority of that licence   Hillington	* Place of birth		
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the Licensing Act 2003?  (E) Yes (C) No  *Will the premises licence or relevant part of it be submitted with this application?  (E) Yes (C) No  How will the consent form of the proposed designated premises supervisor be supplied to the authority?  (E) Electronically, by the proposed designated premises supervisor  (E) As an attachment to this variation  Reference number for consent form (if known)  If the consent form is already submitted, ask the proposed designated premises supervisor form (if known)  Section 4 of 4  PAYMENT DETAILS	Family name	Benjamin	
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This formality requires a fixed		
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.  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 NATIONALIT 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	Jennie Odell	
Capacity	Licensing Paralegal	
* Date	24 / 07 / 2017 dd mm yyyy	
	Remove this signatory	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory	
3 (10 Peril 2)	Add another signatory	

OFFICE USE ONLY		
Applicant reference number	JO/53 - 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		
Errormessage		
Is Digitally signed		
<previous 1="" 2="" 3="" 4<="" th=""><th>Next &gt;</th></previous>	Next >	



## Consent of individual to being specified as premises supervisor

ERIC SEAMUS FARRELL
[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
VARYING A PREMISES LICENCE TO SPECIFY AN INDIVIDUAL AS PREMISES SUPERVISOR [type of application]
by
JD WETHERSPOON PLC
[name of applicant]
relating to a premises licence [number of existing licence, if any]
for
THE VILLAGE INN, 402-408 RAYNERS LANE, PINNER, MIDDLESEX, HA5 5DY
[name and address of premises to which the application relates]

and any premises licence by	to be granted or varied in respect of this application made
JD WETHERSPOON PL	
[name of applicant]	***************************************
concerning the supply of alcohol at	
THE VILLAGE INN, 402-	-408 RAYNERS LANE, PINNER, MIDDLESEX, HA5 5DY
[name and address of premise	s to which application reletes]
t also confirm that I am e intend to apply for or cu below.	ntitled to work in the United Kingdom and am applying for rrently hold a personal licence, details of which I set out
Personal licence number LBHIL0673	
[insert personal licence number	; if any)
Personal licence issuing a	
	elephone number of personal licence issuing authority, If any]
Signed	
Name (please print)	ERIC FARRELL
Date	24/07/2017

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