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 Travelodge Hotels Limited	
(full name(s) of premises licence holder)	
being the premises licence holder, apply to vary a premis	ses licence to specify
the individual named in this application as the premises	supervisor under
section 37 of the Licensing Act 2003	•
Premises licence number	
LN/000010852/2017/1	
Part 1 – Premises details	
Postal address of premises or, if none, ordnance survey map	reference or description
to and manage at brottinger att it tiettel atentimine aer iel tileb	Tolorono or accomplicati
Travelodge Harrow	
Temple House	
1 Greenhill way	
Post town	Post code (if known)
Harrow	HA1 1LE
Hallow	HATTLE
Telephone number (if any)	
the state of the s	
Description of premises (please read guidance note 1)	
Hotel	:
notei	



Part 2

Part 2	
Full name of proposed designated premises supervisor	
Joao Carlos Coelho dos Santos Maldonado	
Personal licence number of proposed designated premises supervisor issuing authority of that licence (if any)	r and
881170960LIPERA issued by Swindon Borough Council	
Full name of existing designated premises supervisor (if any)	
Niki Keith Edward Brightman	
Pleas	e tick yes
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	
I have enclosed the premises licence or relevant part of it	\boxtimes
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)	
Reasons why I have failed to enclose the premises licence or relevant	part of it

Please tick yes

I have made or enclosed payment of the fee

 \boxtimes

I will give a copy of this application to the chief officer of police
 I have enclosed the consent form completed by the proposed premises supervisor
 I have enclosed the premises licence, or relevant part of it or explanation
 I will give a copy of this form to the existing premises supervisor, if any
 I understand that if I do not comply with the above requirements my application will be rejected

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

1 SIGNATURE OF APPLICANT OR APPLICANT'S SOLICITOR OR OTHER DULY AUTHORISED AGENT (SEE GUIDANCE NOTE 3). IF SIGNING ON BEHALF OF THE APPLICANT PLEASE STATE IN WHAT CAPACITY.

	Woods wher
	25 January 2018
	Woods Whur 2014 Ltd - Solicitors for the Applicant
APPLIC READ G	OINT APPLICANTS SIGNATURE OF 2 ND APPLICANT 2 ND ANT'S SOLICITOR OR OTHER AUTHORISED AGENT (PLEASE SUIDANCE NOTE 4). IF SIGNING ON BEHALF OF THE APPLICANT STATE IN WHAT CAPACITY.
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Carole Collingwood Woods Whur 2014 Ltd Devonshire House 38 York Place

Post town POST CODE

Leeds LS1 2ED

TELEPHONE NUMBER (IF ANY)

0113 234 3055

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Consent of individual to being specified as premises supervisor

Joao Carlos Coelho dos Santos Maldonado



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Variation of Designated Premises Supervisor

by Travelodge Hotels Limited relating to premises licence

for Travelodge Harrow, Temple House, Greenhill Way, Harrow, HA1 1LE and any premises licence to be granted or varied in respect of this application made by

Travelodge Hotels Limited concerning the supply of alcohol at

Travelodge Harrow, Temple House, Greenhill Way, Harrow, HA1 1LE

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

881170960LIPERA

Personal licence issuing authority

Swindon Borough Council

Signed ...

Name Joao Carlos Coelho dos Santos Maldonado

Dated 24. 21. 2.1X