

2018100004321

**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 TVC IS LIMITED

(full name(s) of premises licence holder)

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

Premises licence number

LN/00000989/2018/7

**Part 1 - Premises details**

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

TRINITY, 378-380 STATION ROAD,

Post town

HARROW

Post code (if known)

HA1 2DE

Telephone number (if any)

0208 424 8558

Description of premises (please read guidance note 1)

PUBLIC HOUSE

HARROW COUNCIL  
RECEIVED

01 NOV 2018

Service Support

HARROW COUNCIL  
RECEIVED

26 OCT 2018

Service Support

**Part 2**

**Full name of proposed designated premises supervisor**

CHRISTOPHER JAMES FERDUE

**Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)**

OSCP-00AQ-QCHT-MMMC

**Full name of existing designated premises supervisor (if any)**

STIAUN VERNON EYLES

**Please 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



(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
- 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 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.

Signature [Handwritten Signature]  
Date ~~25.10.18~~ 31/10/18  
Capacity ~~MANAGER~~ Director

For joint applicants signature of 2<sup>nd</sup> applicant 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please 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)	
TRINITY, 378-380 STATION ROAD	
Post town	Post Code
MARLOW	HA1 2DE
Telephone number (if any)	02087278558
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	trinitybarrow@gmail.com

**Consent of individual to being specified as premises supervisor**

I CHRISTOPHER JAMES PERDUE  
[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

CHANGE OF DPS  
[type of application]

by

TJC IS LIMITED  
[name of applicant]

relating to a premises licence LN / 000000989 / 2018 / 7  
[number of existing licence, if any]

for

TRINITY, 37E-380 STATION RD, HARROW, HA1 2DE  
[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

TJC IS LIMITED

[name of applicant]

concerning the supply of alcohol at

TRINITY, 378-380 STATION RD, HARROW, HA1 2DE  
[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

OSCP-00AQ-QCHT-MMNC

[insert personal licence number, if any]

Personal licence issuing authority

HARROW

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

Signed

Name (please print)

C. J PERDUE

Date

25.10.18.