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.

		HYANTHAN		ANTHA	PILLAI	
		remises licence i	•			
the indiv	/idual nan	es licence holde ned in this app Licensing Act 2	lication as	o vary a protection to the premiser of the pre	emises licend ses superviso	e to specify or under
	s licence					
LNI	0000	03029/	2013/3	3		
Part 1 -	Premises	details				
Postal a descript		premises or, if	none, ord	Inance sur	vey map refer	ence or
23	1 No	RTHOLT	ROAD			
Post tow	/n				Post cod	le (if known)
SOUTH HARROW					1	8H N
Telepho	ne numbe	er (if any)				
Descript	ion of pre	mises (please r	ead guidar	nce note 1)		

RECEIVED AT LICENSING OFFICE

19 JUL 2013

TIME.

Part 2

Full name of proposed designated assessing								
Full name of proposed designated premises supervisor								
Personal licence number of proposed designated premises supervisor an								
issuing authority of that licence (if any)	u							
and the state of t								
Full name of existing designated premises supervisor (if any)								
Please tio	k yes							
I would like this application to have impossible offer to a few to	_							
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	Z							
Section 30 of the Licensing Act 2003								
I have enclosed the premises licence or relevant part of it	7							
•	_							
(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 tic	k ves							
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 	片							
I have enclosed the consent form completed by the proposed premises supervisor	Ш							
 I have enclosed the premises licence, or relevant part of it or explanation 	П							
•	片							
 I will give a copy of this form to the existing premises supervisor, if any 	닏							
I understand that if I do not comply with the above requirements my	Ш							
application will be rejected								

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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 Date 12-07-2013. Capacity For joint applicants signature of 2nd applicant 2nd 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 Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) Post town Post Code Telephone number (if any) If you would prefer us to correspond with you by e-mail your e-mail address (optional)

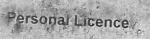
Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. 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.

Consent of individual to being specified as premises supervisor

DUSHYANTHAN SAMBANTHAPILLAL	
[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 supervisor in relation to the application for	premises
PREMISES LICENCE TRANSFER [type of	f application]
by DUSHYAN THAN SAMBAN THAPLUAL [name	of applicant]
relating to a premises licence[number of existing l	icence, if any]
for 231 NORTHOLT ROAD SOUTH HAVO	cow,
HAZ SHN	
[name and address of premises to which the application relates]	
and any premises licence to be granted or varied in respect of this applic	ation made
by DUSHYANTHAN SAMBANTHAPILLA) [name	of applicant]
concerning the supply of alcohol at 23! NORTHOLT RO	AD,
SOUTH HARROW, HAZ SHN	
[name and address of premises to which application relates].	***************************************
I also confirm that I am applying for, intend to apply for or currently hol- licence, details of which I set out below.	d a personal
Personal licence number PAO129	
[insert personal licence number, if any]	
Personal licence issuing authority	
insert name and address and telephone number of personal licence issuing	autnority, if
signed	i .
SAMBANTHAPICEA name (please print)	
19-07-2012 dated	





No: PA0129

Name: Mr D Sambanthapillai

Expires: 07/07/2015



P.O. Box 729, Civic Centre Station Road, Harrow Middlesex, HA1 2DZ

Telephone: 020 8863 5611 cashiers@harrow.gov.uk Website: www.harrow.gov.uK

THE COLOR THAN THE CO Payment Receipt

£46.00 Total to Pay

£46.00 Cash Paid £46,00 Amount Credited

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Account Breakdown

Miscellaneous 539840/1789 A/C Ref. No. Your Surname SAMBANTHAPILLAI

Amount Credited £46,00

You can also pay online at www.harrow.gov.uk or on our 24-hour telephone payments system by calling 0208 424 1220

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