

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 SHELL UK OIL PRODUCTS LTD

(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/000000878/2014/11

Part 1 – Premises details

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

SHELL HARROW
103-107 PINNER ROAD
HARROW

Post town
MIDDLESEX

Post code (if known)
HA1 4EU

Telephone number (if any)

Description of premises (please read guidance note 1)

CONVENIENCE STORE LOCATED ON PETROL FORECOURT.

Part 2

Full name of proposed designated premises supervisor
THINES JEYARATNAM

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)
LBHIL2777 - LONDON BOROUGH OF HILLINGDON

Full name of existing designated premises supervisor (if any)
VIJAYARASA THARMARASA

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 **TO BE EFFECTIVE 28/8/14**

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

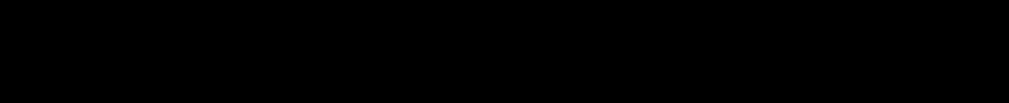
Please tick yes

- 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, 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

Consent of individual to being specified as premises supervisor

I, Thines Jeyaratnam
[full name of prospective premises supervisor]

of 
[address of premises]

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
[type of application]

by SHELL UK OIL PRODUCTS LIMITED
[name of applicant] LN/000000878/2014/12

relating to a premises licence: [number of existing licence, if any]

of SHELL HARROW 103-105 PINNER ROAD
[name and address of premises to which the application relates] HARROW HA2 6EQ

and any premises licence to be granted or varied in respect of this application made by: SHELL UK OIL PRODUCTS LIMITED
[name of applicant]

concerning the supply of alcohol at:

SHELL HARROW 103-105 PINNER ROAD HARROW HA2 6EQ
[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number: LBHIL2777 [insert personal licence number, if any]

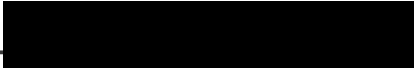
Personal licence issuing authority: London Borough of Hillingdon Civic Centre, High Street, Uxbridge UB8 1UR

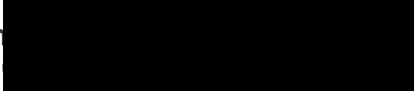
[Insert name and address and telephone number of personal licence issuing authority, if any]

Signed 

Name (please print) Thines Jeyaratnam

Dated 12/08/2014

Date of Birth 

Place of Birth 

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



Date 15TH AUGUST, 2014

Capacity DULY AUTHORISED AGENTS

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

Date

Capacity

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

LOCKETT & CO
LOCKETT HOUSE
13 CHURCH STREET

Post town
KIDDERMINSTER

Post Code
DY10 2AH

Telephone number (if any)

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