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 Aug SPARKIL 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 1000000511 /2010/3
Part 1 – Premises details
Postal address of premises or, if none, ordnance survey map reference or
description 183 MARSH RD
Pinner

Post town

Post code (if known)

HAS SPB

Telephone number (if any)

Description of premises (please read guidance note 1)

OFF License

MASSPB

RECEIVED AT LICENSING OFFICE 11SEP 2004

TIME

Part 2

Full name of proposed designated premises supervisor HARNIT SEDAMA	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
LBHILZ163 Hillingdon	
Full name of existing designated premises supervisor (if any) Vinasithanby Thanusyananthan.	
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	or 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

Part 3 – Signatures (please read guidance note 2)

(See guidance note 3). If signing on behal capacity.	f of the applicant please state in what		
Signature			
Date 03/09/14			
Capacity Virector			
For joint applicants signature of 2 nd applicant 2 nd 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 give correspondence associated with this ap	en) and postal address for plication (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)			

Signature of applicant or applicant's solicitor or other duly authorised agent

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

HARNIT SEVATA [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
DPS variation [type of application]
by SPARIXIZ TO [name of applicant]
relating to a premises licence (A.) [number of existing licence, if any]
for 183 Morsh RD
Pinner
MASSPB
[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 SPARICIL LTD [name of applicant]
concerning the supply of alcohol at 183 MARSY RD
Pimer
1-MS SPB
[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 LBHIL 2163 [insert personal licence number, if any]
Personal licence issuing authority
signed
MARNIT SEDA~A name (please print)
03/09/14 dated