

Harrow

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

2 5 MAY 2016

For help contact licensing@harrow.gov.uk

Telephone: 020 8901 2600

| Section 1 of 4 | | |
|--|--|--|
| You can save the form at a | ny time and resume it later. You do not need to | be logged in when you resume. |
| System reference | Not Currently In Use | This is the unique reference for this application generated by the system. |
| Your reference | PJ/AT/K10029-0001/3 | You can put what you want here to help you track applications if you make lots of them. It is passed to the authority. |
| Are you an agent acting or Yes | n behalf of the applicant? No | Put "no" if you are applying on your own behalf or on behalf of a business you own or work for. |
| Applicant Details | | |
| * First name | Emily | |
| * Family name | Caplan | |
| * E-mail | | |
| Main telephone number | | include country code. |
| Other telephone number | | |
| | applicant would prefer not to be contacted by te | |
| Is the applicant: | | |
| Applying as a busineApplying as an indiv | ess or organisation, including as a sole trader idual | A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby. |
| Applicant Business * Is the applicant's busines registered in the UK with Companies House? | s (Yes C No | |
| * Registration number | 10049872 | |
| * Business name | Kaymill Limited | If the applicant's business is registered, use its registered name. |
| * VAT number | None | Put "none" if the applicant is not registered for VAT. |
| * Legal status Private Limited Company | | |

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|---|--|--|
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| * Applicant's position in the business | Owner | |
| Home country | United Kingdom | The country where the applicant's headquarters are. |
| Registered Address | | Address registered with Companies House. |
| * Building number or name | | |
| * Street | | |
| District | | |
| * City or town | | |
| County or administrative area | | |
| * Postcode | | |
| * Country | | |
| | | |
| Agent Details | | |
| * First name | | |
| * Family name | | |
| * E-mail | | |
| Main telephone number | | Include country code. |
| Other telephone number | | |
| 🔲 Indicate here if you woι | uld prefer not to be contacted by telephone | |
| Are you: | | |
| An agent that is a busin | ess or organisation, including a sole trader | A sole trader is a business owned by one person without any special legal structure. |
| ← A private individual acti | ng as an agent | person without any special regar structure. |
| Agent Business | | |
| * Is your business registered in the UK with Companies House? | | |
| * Registration number | OC330000 |] |
| * Business name | Glovers Solicitors LLP | If your business is registered, use its registered name. |
| * VAT number | 239080953 | Put "none" if you are not registered for VAT. |
| * Legal status | Private Limited Company | |
| | | |

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|---|---|---|
| * Your position in the business | Paralegal | |
| Home country | United Kingdom | The country where the headquarters of your business is located. |
| Agent Registered Address | | Address registered with Companies House. |
| * Building number or name | 6 | |
| * Street | York Street | |
| District | | |
| * City or town | London | |
| County or administrative area | | |
| * Postcode | W1U 6QD | |
| * Country | United Kingdom | |
| | | |
| Section 2 of 4 | | |
| PREMISES DETAILS | | |
| I/we apply to vary a premises li section 37 of the Licensing Act | icence to specify the individual named in this ap 2003. | pplication as the premises supervisor under |
| * Premises licence number | LN/000009382/2016/1 | |
| Are you able to provide a post | al address, OS map reference or description of t | the premises? |
| | p reference C Description | |
| Address | | |
| * Building number or name | Seven | |
| * Street | 362 Station Road | |
| District | Harrow | |
| * City or town | Middlesex | |
| County or administrative area | | |
| Postcode | HA1 2DE | |
| * Country | United Kingdom | |
| Contact Details | | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| Describe the premises. For exa | mple, what type of premises it is | _ |

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|--|--|---|
| The premises will operate as service throughout the day. | an Italian themed pizza restaurant, serving hot a | and cold food and drinks by waiter/waitress |
| Section 3 of 4 | | |
| SUPERVISOR | | |
| Full Name Of Proposed Desi | ignated Premises Supervisor | |
| * First name | Emily Rachel | |
| * Family name | Caplan |] |
| Personal licence number of proposed designated premises supervisor | 16/02947/LIPERS |] |
| Issuing authority of that licence | Westminster City Council |] |
| Full Name Of Existing Desig | nated Premises Supervisor | |
| First name | N/A | |
| Family name | N/A | |
| * Would you like this applicati the Licensing Act 2003? | ion to have immediate effect under section 38 o | f |
| Yes | C No | |
| * Will the premises licence or application? | relevant part of it be submitted with this | |
| Yes | C No | |
| How will the consent form of be supplied to the authority? | the proposed designated premises supervisor | |
| C Electronically, by the pro | pposed designated premises supervisor | |
| As an attachment to this | variation | |
| Reference number for consen form (if known) | t | If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference' |
| Section 4 of 4 | | |
| PAYMENT DETAILS | | |
| | uthority. If you complete the application online, | you must pay it by debit or credit card. |
| This formality requires a fixed | fee of £23 | |
| DECLARATION | | |
| | nce, liable on conviction to a fine up to level 5 or a false statement in or in connection with this ap | |

| Continued from previous page | | |
|--|------------------------------|--|
| ☐ Ticking this box indicates you have read and understood the above declaration | | |
| This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?" | | |
| * Full name | Glovers Solicitors LLP | |
| * Capacity | Applicant's Solicitors | |
| * Date | 25 / 05 / 2016 dd mm yyyy | |
| | Remove this signatory | |
| | Add another signatory | |
| OFFICE USE ONLY | | |
| | | |
| Applicant reference number | PJ/AT/K10029-0001/3 | |
| Fee paid | | |
| Payment provider reference | | |
| ELMS Payment Reference | | |
| Payment status | | |
| Payment authorisation code | | |
| Payment authorisation date | | |
| Date and time submitted | | |
| Approval deadline | | |
| Error message | | |
| ls Digitally signed | | |
| < Previous 1 2 3 4 | Next > | |

Consent of individual to being specified as premises supervisor

| | Emily Rachel Caplan | |
|-----------|--|---|
| ı | [full name of prospective pren | nises supervisor] |
| of | | |
| [home | address of prospective premis | ses supervisor] |
| supe | by confirm that I give my rvisor in relation to the ap- sting New Premises Licen | |
| [type | of application] | |
| by Kay | mill Ltd | |
| [name | of applicant] | *************************************** |
| relatir | ng to a premises licence | LN/00009382/2016/1 [number of existing licence, if any] |
| HAF | 'EN STATION ROAD RROW 2DE | |
| [name | and address of premises to wh | ich the application relates] |

| and any premises liceno by | ce to be granted or varied in respect of this application made |
|--|---|
| Kaymill Ltd | |
| [name of applicant] | |
| concerning the supply of | alcohol at |
| SEVEN 362 STATION ROAD HARROW HA1 2DE | |
| Iname and address of premis | es to which application relates] |
| | |
| I also confirm that I am licence, details of which I | applying for, intend to apply for or currently hold a personal set out below. |
| Personal licence number | |
| 16/02947/LIPERS | |
| [insert personal licence numbe | r, if any) |
| Personal licence issuing Westminster City Counc | - |
| [insert name and address and | telephone number of personal licence issuing authority, if any] |
| | |
| Signed | |
| Name (please print) | Emily Rachel Caplan |
| Date | 24 /05 /2016 |