

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

For help contact licensing charrow.gov.uk Telephone: 020 8901 2600

required information

Section 1 of 4				
You can save the form at any 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	MDM/Seven Balls/Harrow	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 on behalf of the applicant?		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 * Family name	Star Pubs & Bars Limited	ONDON BOROUGH OF HARAO RECEIVED 02 MAR 2017 OLANDANTY SAFETY SERVICES		
* E-mail Main telephone number		Include country code.		
Other telephone number				
	plicant would prefer not to be contacted by tel	ephone		
Is the applicant:				
 Applying as a business or organisation, including as a sole trader Applying as an individual 		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 business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.		
Registration number	SC250925			
Business name	Star Pubs & Bars Limited	If the applicant's business is registered, use its registered name.		
VAT number GB	268644912	Put "none" if the applicant is not registered for VAT.		
Legal status	Private Limited Company			

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Applicant's position in the business]
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	3 - 4 Broadway Park]
Street]
District]
City or town	Edinburgh]
County or administrative area		
Postcode	EH12 9JZ	
Country	United Kingdom]
Agent Details		
* First name	Michelle	
* Family name	Maxwell	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if you wou	Id prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
C A private individual actir	ng as an agent	person without any special legal structure.
Agent Business		
ls your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Registration number	OC317931	
Business name	Flint Bishop	If your business is registered, use its registered name.
VAT number GB	125453877	Put "none" if you are not registered for VAT.
Legal status	Partnership	

Continued from previous page			
Your position in the business	Licensing Assistant		
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	St Michael's Court		
Street	St Michael's Lane		
District			
City or town	Derby		
County or administrative area	Derbyshire		
Postcode	DE1 3HQ		
Country	United Kingdom		
Section 2 of 4			
PREMISES DETAILS			
l/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this ap 2003.	oplication as the premises supervisor under	
* Premises licence number	LN/000009098/2016/3		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
(● Address	p reference C Description		
Address			
* Building number or name	The Seven Balls		
* Street	Seven Balls Public House		
District	Kenton Lane		
* City or town	Harrow		
County or administrative area	Middlesex		
Postcode	HA3 6AW		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For example, what type of premises it is			

Continued from previous page				
These premises operates as a public house in Harrow.				
Section 3 of 4				
SUPERVISOR				
Full Name Of Proposed Desi	gnated Premises Supervisor			
* First name	Clare			
* Family name	Eldred			
Personal licence number of proposed designated premises supervisor	000010307-2017/1			
Issuing authority of that licence	Harrow Council			
Full Name Of Existing Design	nated Premises Supervisor			
First name	John			
Family name	Campbell			
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 o	F		
Yes	(No			
* Will the premises licence or a application?	relevant part of it be submitted with this			
Yes	(No			
How will the consent form of the supplied to the authority?	the proposed designated premises supervisor			
Electronically, by the pro	posed designated premises supervisor			
C 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				
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.				
This formality requires a fixed fee of £23				
DECLARATION				
I/we understand 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.				

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I 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	Michelle Maxwell	
* Capacity	Licensing Assistant	
* Date	02 / 03 / 2017 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	MDM/Seven Balls/Harrow	
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed		
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u> Next >		

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR clare eidred (full number of prospective premises supervised) Ē of Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation for Variation of DPS & and Elarced Star Public Bals Limited [name of applicant] relating to a premises licence (number of caisting licence) The seven balls, 74.9 Kenton Lune, Narrow What Marrow, for (name and address of premises to which the application century) MAS GAW and any premises licence to be granted or varied in respect of this application made " CLACE ELECCO Stor Pubs & Bors Limited (name of applicant) concerning the supply of alcohol or the seven Dellsithy Konton Lan, Marrow Whald Harrow, 483 6AW (name and address of premises to which the application relates) I also confirm that I am applying, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number 000010307-2017/1 Personal licence issuing authority NOWLOW COUNCIL Signed Nome Dated 27/2017 (please plint) where on the state of the