

**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 Emilia Katarzyna Zywicka 22/09/ 1992  
(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/000005236/2012/1

**Part 1 – Premises details**

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

SMAKOSZ  
463 Alexandra Avenue

**Post town**  
Harrow

**Post code (if known)**  
HA2 9RY

**Telephone number (if any)**

**Description of premises (please read guidance note 1)**  
Off Licence & Convenience Store



**Part 2**

<b>Full name of proposed designated premises supervisor</b> Emilia Katarzyna Zywicka
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<b>Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)</b> LN/000011061/2017/1 Harrow Council
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<b>Full name of existing designated premises supervisor (if any)</b> Grigor Harutyunyan
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**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)

<b>Reasons why I have failed to enclose the premises licence or relevant part of it</b>
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**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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971) FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**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            31/10/2017

.....

Capacity    Agent

.....

**For joint applicants signature of 2<sup>nd</sup> applicant 2<sup>nd</sup> 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)**

LQAA

Westminster Business Centre

Printing House Lane

**Post town**

Hayes

**Post Code**

UB3 1AP

**Telephone number (if any)** 0208 1234 690

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)** hilda@lqaa.co.uk

**Consent of individual to being specified as premises supervisor**

Emilia Katarzyna Zywiczka

.....  
*[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

Transfer & Vary of DPS

.....  
*[type of application]*

by

Emilia Katarzyna Zywiczka

.....  
*[name of applicant]*

relating to a premises licence

LN/000005236/2012/1

.....  
*[number of existing licence, if any]*

for

SMAKOSZ  
463 Alexandra Avenue  
Harrow  
Middlesex  
HA2 9RY

.....  
*[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

Emilia Katarzyna Zywicka

*(name of applicant)*

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concerning the supply of alcohol at

SMAKOSZ

Harrow

Middlesex

HA2 9RY

*(name and address of premises to which application relates)*

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I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LN/000011061/2017/1

*(insert personal licence number, if any)*

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Personal licence issuing authority

Harrow Council

*(insert name and address and telephone number of personal licence issuing authority, if any)*

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Signed

Name (please print)

Emilia Katarzyna Zywicka

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Date

31/10/2017

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