

Harrow

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

For help contact

licensing@harrow.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 l	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	Star Pubs & Bars Limited	
	Star Pubs & Bars Limited	
* Family name		
* E-mail	michelle.maxwell@flintbishop.co.uk	
Main telephone number	01332 226473	Include country code.
Other telephone number		
☐ Indicate here if the app	licant would prefer not to be contacted by tel	ephone
Is the applicant:		
<ul><li>Applying as a business</li></ul>	or organisation, including as a sole trader	A sole trader is a business owned by one
C Applying as an individu	ral	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.
<b>Applicant Business</b>		
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	

Continued from previous page	•	1 CHIER
Applicant's position in the business		
563111633		☐ The country where the applicant's
Home country	United Kingdom	headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	3 - 4 Broadway Park	
Street		
District	11111	
City or town	Edinburgh	
County or administrative area		
Postcode	EH12 9JZ	
Country	United Kingdom	
Agent Details		
* First name	Michelle	
* Family name	Maxwell	
* E-mail	michelle.maxwell@flintbishop.co.uk	
Main telephone number	01332 226473	Include country code.
Other telephone number		
☐ Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
<ul> <li>An agent that is a busin</li> </ul>	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 legal structure.
Agent Business		
Is 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	
Tour position in the business	Licensing Assistant	] The country where the headquarters of your
Home country	United Kingdom	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		
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this ap 2003.	oplication as the premises supervisor under
* Premises licence number	LN/000009098/2017/4	
Are you able to provide a post		 
	al address, OS map reference or description of t	ne premises?
Address		
Address		
* Building number or name	The Seven Balls Public House	
* Street	749 Kenton Lane	
District	Harrow Weald	
* City or town	Harrow	
County or administrative area	Middlesex	
Postcode	HA3 6AW	
* Country	United Kingdom	
<b>Contact Details</b>		
E-mail	michelle.maxwell@flintbishop.co.uk	
Telephone number	01332 226473	
Other telephone number		
Describe the premises. For example 1	mple, what type of premises it is	

Continued from previous page.	••	
These premises operates as a	a public house in Harrow.	
Section 3 of 4 SUPERVISOR		
	ignated Premises Supervisor	
* First name	Firaz Ziyad Al Hamdan	
* Family name	Firaz	
	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	155193	
Issuing authority of that licence	Luton Borough Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Claire	
Family name	Eldred	
	ion to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
	C No	indisposed or unable to work.
☑ I will notify the existing	ng premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or application?	relevant part of it be submitted with this	
C Yes	C No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
<ul><li>Electronically, by the pr</li></ul>	oposed designated premises supervisor	
As an attachment to thi	s variation	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already so the proposed designated prem supervisor for its 'system refere reference'	ubmitted, ask nises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the au	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed f	ee of £23
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	S
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
I/we understand it is an offendation statement in or in connection	ce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false with this application.
I/WE UNDERSTAND THAT 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. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] 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.  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?"	
Signature Of Applicant Or Applicant's Solicitor	
* Full name	
* Capacity	

Continued from previous page	
Date (dd/mm/yyyy)	
Joint Applicants, Signature	Of Second Applicant Or Second Applicants Solicitor
Full name	
Capacity	
Date (dd/mm/yyyy)	
	Remove this signatory
	Add another signatory

## Consent findividual to being specified as premises supervisor I, Firaz Ziyad Al Hamdan Firaz (full name of prospective premises supervisor) (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 Variation of DPS Star Pubs & Burs lumited (name of applicant) relating to a premises licence LN/000009098/2017/4..... ... (number of existing licence) 749 for The Seven Balls Public House, Kenton Lane, Harrow, Middlesex, HA3 6AW (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 Star Pubs it Bors Kimitub (name of applicant) concerning the supply of alcohol at 749 The Seven Balls Public House, Kenton Lane, Harrow, Middlesex, HA3 6AW (name and address of premises to which application relates) 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: 155193 Personal licence issuing authority. Licensing Service Of Luton Borough Council, Town Hall, Luton, LU1 2BQ

TEL: 01582546040

FLINT BISHOP LLP REV. APRIL 2017.

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

signed

Control of the Contro

Firaz Ziyad Al Hamdan Firaz .name (please print)

