

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 t	ime 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	KS/BAR5895	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
• Yes O M	No	work for.
Applicant Details		
* First name	Cengiz	
* Family name	Erpolat]
* E-mail]
Main telephone number		Include country code.
Other telephone number		
Indicate here if the appl	icant would prefer not to be contacted by telep	hone
Is the applicant:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
 Applying as an individu 	al	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?	○ Yes	Note: completing the Applicant Business section is optional in this form.
Is the applicant's business registered outside the UK?	○ Yes	
Business name		If the applicant's business is registered, use its registered name.
VAT number -	None	Put "none" if the applicant is not registered for VAT.

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Legal status	Sole Trader	
Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Applicant Business Address		If the applicant has one, this should be the
Building number or name	91 High Street	applicant's official address - that is an address required of the applicant by law for
Street	Wealdstone	receiving communications.
District		
City or town		
County or administrative area		
Postcode	HA3 5DL	
Country	United Kingdom	
Agent Details		
* First name	Kurtulus	
* Family name	Sarak	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if you wou	ld 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.
 A private individual actir 	ng as an agent	
Agent Business		
Is your business registered in the UK with Companies House?	Yes O No	Note: completing the Applicant Business section is optional in this form.
Registration number	08076344	
Business name	Arlington Crown Solicitors	If your business is registered, use its registered name.
VAT number -	165166795	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Director / Solicitor	
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	202	
Street	Green Lanes	
District		
City or town	London	
County or administrative area		
Postcode	N13 5UE	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
l/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	0804-LHEB-EKXQ-QBNG	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address OS map	o reference O Description	
Address		
* Building number or name	91	
* Street	High Street	
District		
* City or town	Wealdstone	
County or administrative area		
Postcode	HA5 5DL	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example	mple, what type of premises it is	

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Public House located on high street		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Ali Emre	
* Family name	Kayhan	
Personal licence number of		
proposed designated premises supervisor	LN/201300211	
Issuing authority of that		
licence	London Borough of Enfield	
Full Name Of Existing Design	nated Premises Supervisor	
First name	William Joseph	
Family name	Јоусе	
* Would you like this application the Licensing Act 2003?	on 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
• Yes	○ No	indisposed or unable to work.
☑ I will notify the existing	g 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 r application?	elevant part of it be submitted with this	
○ Yes	No	
* Reasons why the premises licence or relevant part of it will not be submitted with this application		
Misplaced		

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How will the consent form of the supplied to the authority?	ne proposed designated premises supervisor	
 Electronically, by the prop 	posed designated premises supervisor	
• As an attachment to this	variation	
Reference number for consent form (if known)		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 au	thority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed for	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		
statement in or in connection I/WE UNDERSTAND THAT IT IS STATEMENT IN OR IN CONNEC SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS I PARTNERSHIPS] IT IS AN OFFE THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND, THEY DO SO IN THE KNOWLEI	ce, liable on conviction to a fine under section with this application. 5 AN OFFENCE, UNDER SECTION 158 OF THE LIC CTION WITH THIS APPLICATION. THOSE WHO M FINE OF ANY AMOUNT. [APPLICABLE TO INDIV NOT A LIMITED LIABILITY PARTNERSHIP, BUT NO NOT A LIMITED LIABILITY PARTNERSHIP, BUT NO NABLE CAUSE TO BELIEVE, THAT THEY ARE DIS THOSE WHO EMPLOY AN ADULT WITHOUT LEA BLE TO A CIVIL PENALTY UNDER SECTION 15 O PURSUANT TO SECTION 21 OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE	ENSING ACT 2003, TO MAKE A FALSE AKE A FALSE STATEMENT MAY BE LIABLE ON IDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY N ACT 1971] FOR A PERSON TO WORK WHEN QUALIFIED FROM DOING SO BY REASON OF AVE OR WHO IS SUBJECT TO CONDITIONS AS IF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE I, 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

Continued from previous page		
* Full name		
* Capacity		
Date (dd/mm/yyyy)		
Joint Applicants, Signature O	of Second Applicant Or Second Applicants Sc	blicitor
Full name]
Capacity		
Date (dd/mm/yyyy)		
	Remove this signatory	
	Add another signatory	

Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor] I 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 APPLICATION TO VARY APREMISES LICENCE TO SPECIFY AN INDIVIDUAL AS DESIGNATED PREMISES SUPERVISOR [type of application] by CENG-12 ERPOLAT [name of applicant] relating to a premises licence O804 - LHEB - EKXQ - QBNG[number of existing licence, if any] for 91 HIGH STREET WEALDSTONE HA3 5AL

[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

CENGIZ ERPOLAT [name of applicant]

concerning the supply of alcohol at

91 HIGH STREET WEALDSTONE HA3 50L

[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

LN/201300221 [insert personal licence number, if any]

Personal licence issuing authority LONDON BORDUGH OF ENFIELD, PO BOX 57, CIVIC CENTRE, SILVER STREET, ENFIELD ENI 3XH. [Insert name and address and telephone number of personal licence issuing authority, if any]

Signed	
Name (please print)	ALI EMRE KASHAN
Date	25.03.2019