Application to vary a <u>premises</u> 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.

(full name(s) of premises licence holder) being the premises licence holder, apply to v the individual named in this application as th section 37 of the Licensing Act 2003	
Premises licence number 0708 - TYXY - BCNE - X47X	
Part 1 – Premises details	Charles and the same
Postal address of premises or, if none, ordna description 34 KINTON PALIC KENTON	Ince survey map reference or
RENZON	
Post town	Post code (if known)
•	Post code (if known)
Post town	
Post town HALLOW	Post code (if known) +4A3 8DN

RECEIVED AT LICENSING OFFICE

2 0 DEC 2013

TIME.

Part 2	
Full name of proposed designated premises supervisor	
ASHVAL PINDORIA	4.2 4 H
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
SBC 0534 STEVINAGE BOLOUGH COUNCIL	-
Full name of existing designated premises supervisor (if any) NATUBHAI PAZEZ	
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)	
Reasons why I have failed to enclose the premises licence or relevant part of	of it
11 CAN 1	
Place tick	vos
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	yes X
 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 	X X
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 20 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION	
COTE Service of the	

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant's so (See guidance note 3). If signing on beha capacity	
Signatu	VISTRAM GOVIND LUBTAHAR
Date 20-12-2013	
Capacity BAS DILICION.	Vistualin Gamas wasterlaken
For joint applicants signature of 2 nd app authorised agent (please read guidance napplicant please state in what capacity.	
Signature	
Date	
Capacity	
Contact name (where not previously giv correspondence associated with this ap	
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond wit (optional)	th you by e-mail your e-mail address

Consent of Individual to being specified as premises surement
[full name of prospective premises supervisor]
mome 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
D. P.S. VARIATION [type of application]
by RAWBAVE LTD [name of applicant]
relating to a premises licence 4. N. 00000 5790 [201]4[number of existing licence, if any]
FOR RAINBAL, 34 KENTON PARK PARADE
KENTON ROAD, HARROW,
[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
and any premises licence to be granted or varied in respect of this application made by PAIN DAR LTD [name of applicant]
by PAIN DAR LTD [name of applicant]
by PAIN DAR LTD [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PARK PARADE
by PAIN DAR LTD [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PARK PARADE KENTON ROAD, HARRON MIDDLESEX, HAZ 80N
by PAIN DAR LTD [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PAIN PARADE KENTON ROAD, HARRON [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal
by PAIN DAC LTD [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PAIN PARADE KENTON ROAD, HAPRON [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number SBC 0534
by PAIN DAR LTP [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PARK PARADE KENTON ROAD, HAPRON [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number SBC 0534 [insert personal licence issuing authority STEVENAGE [insert name and address and telephone number of personal licence issuing authority, if any]
by PAIN DAR LTD [name of applicant] concerning the supply of alcohol at PAINBAR, 34 KENTON PARK PARADE KENTON ROAD, HARRON [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number SBC 0534 [insert personal licence issuing authority STENERE [insert name and address and telephone number of personal licence issuing authority, if