Harrowcouncil

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 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		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	lo	work for.
Applicant Details		
* First name	Marek Andrzej]
* Family name	Gielzak]
* E-mail]
Main telephone number		Include country code.
Other telephone number]
☐ Indicate here if the appli	icant would prefer not to be contacted by telep	hone
Is the applicant:		
• Applying as a business 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 individual 	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 O No	Note: completing the Applicant Business section is optional in this form.
Registration number	08922909]
Business name	Markanna Ltd	If the applicant's business is registered, use its registered name.
VAT number GB	196753751	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	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	178A Pinner Road	
Street		
District		
City or town	HARROW	
County or administrative area		
Postcode	HA1 4JP	
Country	United Kingdom	
Agent Details		
* First name	Chris	
* Family name	Nixon	
* 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	person without any special legal structure.
Agent Business		
ls your business registered in the UK with Companies House?	Yes	Note: completing the Applicant Business section is optional in this form.
Registration number	07584714	
Business name	Knight Training (UK) Ltd.	If your business is registered, use its registered name.
VAT number GB	924151154	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Licensing Agent	
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	134 The Barracks	
Street	South Road	
District	White Cross	
City or town	LANCASTER	
County or administrative area		
Postcode	LA1 4XQ	
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/000007922/2015/1	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address	o reference O Description	
Address		
* Building number or name	Rarytas Polish Food, 178	
* Street	Pinner Road	
District		
* City or town	HARROW	
County or administrative area		
Postcode	HA1 4JP	
* 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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Polish Convenience Store		
nated Premises Supervisor		
Katarzyna		
Malinowska		
dd mm yyyy		
LN/000013218/2019/1		
London Borough of Harrow Council		
ated Premises Supervisor		
Anna		
Duher		
n 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	
⊖ No	indisposed or unable to work.	
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.	
levant part of it be submitted with this		
No		
* Reasons why the premises licence or relevant part of it will not be submitted with this application		
Partial, rest of the Licence has been lost.		
	Malinowska	

Continued from previous page		
How will the consent form of the proposed designated premises supervisor be supplied to the authority?		
 Electronically, by the pro 	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 t	fee of £23	
DECLARATION		
statement in or in connection I/WE UNDERSTAND THAT IT I STATEMENT IN OR IN CONNE SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFI THEY KNOW, OR HAVE REASC THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE TICKING this box indicat	ted by the applicant, unless you answered "Yes	CENSING ACT 2003, TO MAKE A FALSE MAKE A FALSE STATEMENT MAY BE LIABLE ON VIDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY ON ACT 1971] FOR A PERSON TO WORK WHEN SQUALIFIED FROM DOING SO BY REASON OF FAVE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND , WILL BE COMMITTING AN OFFENCE WHERE E, THAT THE EMPLOYEE IS DISQUALIFIED.
* Full name	Chris Nixon]
* Capacity	Licensing/Acting Agent]
* Date	22 / 03 / 2019 dd mm yyyy Remove this signatory	
Full name]
Capacity]
* Date	dd mm yyyy	

Remove this signatory

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	Add another signatory	
OFFICE USE ONLY		
Applicant reference number		
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		
1 <u>2 3 4</u>	Next >	

Consent of individual to being specified as premises supervisor

Katarzyna Malinowska

[full name of prospective premises supervisor]



I

[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

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Application to vary the Designated Premises Supervisor

[type of application]

by

Markanna Ltd

[name of applicant]

relating to a premises licence LN/000007922/2015/1 [number of existing licence, if any]

for

Rarytas Polish Food 178 Pinner Road HARROW HA1 4JP

[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

Markanna Ltd

[name of applicant]

concerning the supply of alcohol at

Rarytas Polish Food 178 Pinner Road HARROW HA1 4JP

[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/000013218/2019/1

[insert personal licence number, if any]

Personal licence issuing authority

London Borough of Harrow Council

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

Katarzyna Malinowska

Date

18-63-2019

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