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 block into the

cases ensure that your answers are inside the boxes and wir additional sheets if necessary. You may wish to keep a copy of the completed form for your	1
If we PST ADID LTD (full name(s) of premises licence holder) being the premises licence holder, apply to vary a premise individual named in this application as the premises section 37 of the Licensing Act 2003	
Premises licence number	
LN 00000565 2010 2	
Part 1 – Premises details	
Postal address of premises or, if none, ordnance survey description	map reference or
209 HIGH ROPD	
Post town	Post code (if known)
HARROD	HA3 SEE
Telephone number (if any)	
Description of premises (please read guidance note 1)	<u> </u>
Offlicence onocony	



Part 2

Full name	of proposed designat	ed premises supervi	sor	
SUB	ASH. THETUENT	TRARATAH		
	licence number of pro		emises supervisor	and
issuing a	uthority of that licence	(if any)		
	3419	EPLING		
	of existing designate			
			Please	tick yes
	e this application to have of the Licensing Act 20		er	
I have end	losed the premises licer	ice or relevant part of	t	
(If you have reasons w	re not enclosed the pren hy not)	nises licence, or releva	nt part of it, please (give
	why I have failed to en			
	cence has nev			o Me
and	preavious licen	ee he's not	con dactable	
			2000	5000 day
			Please	tick yes
I wI h	ave made or enclosed p ill give a copy of this ap ave enclosed the conse pervisor	olication to the chief of		es 🗌
= 1h = 1w = 1u	ave enclosed the premise ill give a copy of this for inderstand that if I do no polication will be rejected	m to the existing premi	ises supervisor, if an	
IT IS AN	FFENCE, LIABLE ON	CONVICTION TO A F	INE UP TO LEVEL	5 ON

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 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

	Part :	3 —	Signatures	(please read	d quidance	note	2)
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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	20 1.		
0			
authorised agent	nts signature of 2 nd applic (please read guidance note state in what capacity.	ant 2 nd applicant's solic e 4). If signing on behalf	itor or other f of the
Signature			
Date			
Capacity			

Consent of individual to being specified as premises supervisor

[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
DPS VOVOR TON [type of application]
by
for 209 141918 ROad
Harrom
[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
concerning the supply of alcohol at 209 High Road
Aaron
[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
Personal licence issuing authority E Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
signed
Subash Theiven Hirar) ah name (please print)
29/05/14 dated