

Harrow

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

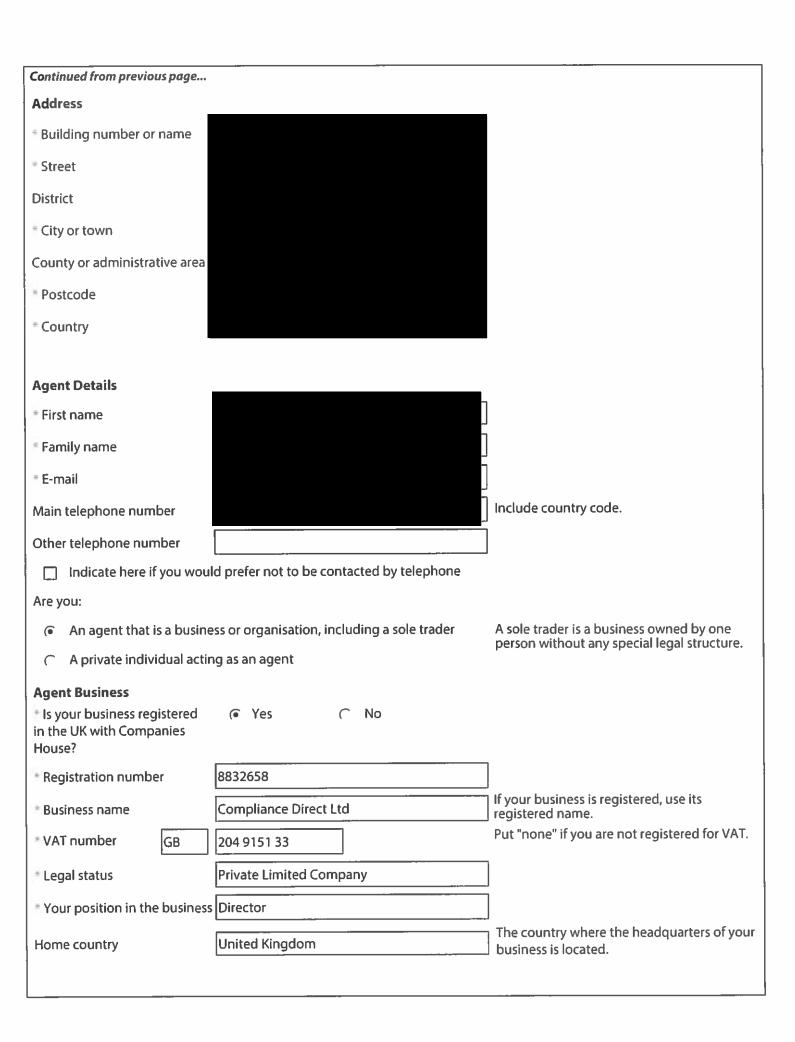
For help contact

licensing@harrow.gov.uk

Telephone: 020 8901 2600

required information

Section 1 of 4		
You can save the form at any ti	me and resume it later. You do not need to l	oe 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? (Yes		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		ONDON BOROUGH OF HARROW
* First name	Narendra	1 6 MAY 2016
* Family name	Patel	COMMUNITY SAFETY SERVICES
* E-mail		
Main telephone number		Include country code.
Other telephone number		
	cant would prefer not to be contacted by tel	ephone
Is the applicant:		
 Applying as a business or organisation, including as a sole trader 		A sole trader is a business owned by one
 Applying as an individual 	ıl	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.



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Agent Registered Address	Address registered with Companies House.
*Building number or name	
*Street	
District	
*City or town	
County or administrative area	
*Postcode	
* Country	
Section 2 of 4	
PREMISES DETAILS	
I/we apply to vary a premises I section 37 of the Licensing Ac	icence to specify the individual named in this application as the premises supervisor under t 2003.
* Premises licence number	LN/000002645/2015/9
Are you able to provide a post	al address, OS map reference or description of the premises?
	p reference C Description
Address	
* Building number or name	14A
* Street	Broadwalk
District	
* City or town	Harrow
County or administrative area	
Postcode	HA2 6ED
* Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For exa	mple, what type of premises it is
Ground Floor Restaurant and E	ar.

Continued from previous page.	•	-		
Section 3 of 4				
SUPERVISOR				
Full Name Of Proposed Des	ignated Premises Supervisor			
* First name	Narendra			
* Family name	Patel			
Personal licence number of proposed designated premises supervisor	223564876			
Issuing authority of that licence	LB Brent			
Full Name Of Existing Designated Premises Supervisor				
First name	Himanshu Ramchandra			
Family name	Vyas			
*Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?				
• Yes	C No			
* Will the premises licence or application?	relevant part of it be submitted with this			
	← No			
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor			
← Electronically, by the pr	oposed designated premises supervisor			
 As an attachment to the 	s variation			
Reference number for conser form (if known)	nt	If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'		
Section 4 of 4	<u></u>			
PAYMENT DETAILS				
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.				
This formality requires a fixed	fee of £23			
DECLARATION				
I/we understand 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.				
Ticking this box indicates you have read and understood the above declaration				

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This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
* Date	16 / 05 / 2016
	dd mm yyyy
	Remove this signatory
	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	
< Previous 1 2 3 4	Next >

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
BPS Variation
by
[name of applicant]
relating to a premises licence LN/0000 2645/2015/9
for Pinner Longe 14 A Brond welk
14 A Brond week
HARROW. HAZ 650

[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
M. Naranda Fatel
concerning the supply of alcohol at
Punier Longe
North Home. HAZ 6EB
North Homen. HAZ 6E3
[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
[insert personal licence number, if any]
Personal licence issuing authority 223564876 LB Brad
finsert name and address and telephone number of personal licence issuing authority if any)
Signed
2
Name (please print) Namenta Patel
Date 13.5.2016