

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

I / We **PREZZO Ltd**

*(full name(s) of premises licence holder)*

**being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003**

**Premises licence number**

**LN/000000786/2015/6**

**Part 1 - Premises details**

**Postal address of premises or, if none, ordnance survey map reference or description**

26 St. Georges Shopping & Leisure Centre  
St. Anns Road  
Harrow  
HA1 1HS

**Telephone number (if any)**

[REDACTED]

**Description of premises (please read guidance note 1)**

**Restaurant**



201650001666

**Part 3 - Signatures (please read guidance note 2)**

**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

\_\_\_\_\_ [REDACTED]

Date

19/05/2016

Capacity

Administration

**For joint applicants signature of 2nd applicant 2nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity**

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Capacity

\_\_\_\_\_

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)**

Prezzo Ltd  
20B Horseshoe Park

**Post Town**

Pangbourne

**Post Code**

RG8 7JW

**Telephone number (if any)**

[REDACTED]

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**

[REDACTED]

### Consent of individual to being specified as premises supervisor

I Muki Hashani  
(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 supervisor in relation to the application for

Change of DPS  
(type of application)

by Prezzo Ltd  
(name of applicant)

relating to a premises licence LN/000000786/2015/6  
(number of existing licence , if any)

for 26 St. Georges Shopping & Leisure Centre  
St. Anns Road  
Harrow  
HA1 1HS  
  
(name and address of premises to which the application relates)