

Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

* required information

Section 1 of 4		
	y 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	AP - PizzaExpress Harrow VDPS	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 I	• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	work for.
Applicant Details		
* First name	PizzaExpress (Restaurants) Limited	
* Family name	PizzaExpress (Restaurants) Limited	
* E-mail	a.proctor@popall.co.uk	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a busines	s or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individ 	lual	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.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	02805490	
Business name	PizzaExpress (Restaurants) Limited	If the applicant's business is registered, use its registered name.
VAT number GB	627076730	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	Premise licence holder	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Hunton House	
Street	Highbridge Estate	
District	Oxford Road	
City or town	Uxbridge	
County or administrative area	Middlesex	
Postcode	UB8 1LX	
Country	United Kingdom	
Agent Details		
* First name	Poppleston Allen Solicitors	
* Family name	Poppleston Allen Solicitors	
* E-mail	a.proctor@popall.co.uk	
Main telephone number	01159349188	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		
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?		
Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.
VAT number GB	610752862	Put "none" if you are not registered for VAT.
Legal status	Partnership	

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Your position in the business	Licensing adminisitrator	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Business Address		If you have one, this should be your official
Building number or name	37	address - that is an address required of you by law for receiving communications.
Street	Stoney Street	
District	The Lace Market	
City or town	Nottingham	
County or administrative area		
Postcode	NG11LS	
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 2003.	application as the premises supervisor under
* Premises licence number	LN/00000512/2018/15	
Are you able to provide a post	al address, OS map reference or description of	f the premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	PizzaExpress	
* Street	St Georges Shopping Centre	
District	St Anns Road	
* City or town	Harrow	
County or administrative area	Middlesex	
Postcode	HA1 1HS	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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Licensed premise		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Bartosz Marek	
* Family name	Michalak	
* Date of birth		
Personal licence number of proposed designated	LN/000012900	
premises supervisor		
Issuing authority of that licence	Islington Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Ina	
Family name	O'Mahony	
* Would you like this applicati the Licensing Act 2003?	on 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
Yes	○ No	indisposed or unable to work.
☑ I will notify the existing	g 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.
* Will the premises licence or application?	relevant part of it be submitted with this	
○ Yes	No	
* Reasons why the premises li	cence or relevant part of it will not be submitted v	vith this application
The licence will be sent to you	u via first class post	

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How will the consent form of the supplied to the authority?	ne proposed designated premises supervisor	
 Electronically, by the proj 	oosed 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 This formality requires a fixed f	thority. If you complete the application online,	you must pay it by debit or credit card.
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DECLARATION		
 I/we understand it is an offen statement in or in connection 	ce, liable on conviction to a fine under section a with this application.	158 of the licensing act 2003, to make a false
STATEMENT IN OR IN CONNECTION TO A SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFET THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIANATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE	S AN OFFENCE, UNDER SECTION 158 OF THE LIC CTION WITH THIS APPLICATION. THOSE WHO M INTERPOOL FIND SECTION OF THE INDIVIOUS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT THE IMMIGRATION OF THE IMMIGRATION OF THE IMMIGRATION OF THE SAME ARE DISTANCE WHO EMPLOY AN ADULT WITHOUT LEABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DESCRIPTION OF THE SAME ACT	TAKE A FALSE STATEMENT MAY BE LIABLE ON TIDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY IN ACT 1971] FOR A PERSON TO WORK WHEN QUALIFIED FROM DOING SO BY REASON OF AVE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE IS, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes'	" to the question "Are you an agent acting on
* Full name	Poppleston Allen Solicitors	
* Capacity	Solicitors on behalf of the applicant	
* Date	dd mm yyyy Remove this signatory	
Full name		
Capacity		
Сарасну		
* Date	dd mm yyyy	
	Remove this signatory	

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	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	AP - PizzaExpress Harrow VDPS	
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</u> <u>3</u> <u>4</u>	Next >	

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

To be completed in block capitals

I Bartosz Michalak of

ull Home Address)

hereby confirm that I give my consent to be specified as the Designated Premises

Supervisor in relation to the application for a Variation of Designated Premises Supervisor
Bartosz Michalak by PizzaExpress (Restaurants) Limited relating to a Premises Licence

LN/000000512/2018/15 for PizzaExpress, St Georges Shopping Centre, St Anns Road,

Harrow, HA1 1HS and any premises licence to be granted or varied in respect of this

application made by PizzaExpress (Restaurants) Limited concerning the supply of alcohol at

PizzaExpress, St Georges Shopping Centre, St Anns Road, , Harrow, HA1 1HS

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/000012900

Personal Licence Issuing Authority:- Islington Council

I hereby consent for my personal information to be disclosed to all relevant Responsible Authorities under the Licensing Act 2003 in respect of my appointment as Designated Premises Supervisor for the premises detailed above.

Signed	_
Name Printed	BARTOSI MICHALAK
Dated	18.09.18