

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		
You can save the form at any t	ime 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	PRE-LIC-DPS-CHG-ORAMA	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 be		Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes O N	No.	work for.
Applicant Details		
* First name	P&S Trading as Orama	
* Family name	Limited	
]
		Include country code.
Other telephone number		
	icant would prefer not to be contacted by telep	J phone
Is the applicant:	, ,	
	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 	al	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?	Yes	
* Registration number	8835875	
* Business name	P&S Trading as Orama Limited	If the applicant's business is registered, use its registered name.
* VAT number	None	Put "none" if the applicant is not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		
* Applicant's position in the business	Manager Properietor	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	C/o Ascot Sinclair Associates, Avondale House	
* Street	262 Uxbridge Road	
District	Pinner	
* City or town	Hatch End	
County or administrative area	Middlesex	
* Postcode	HA5 4HS	
* Country	United Kingdom	
Agent Details		
* First name	Joshua Simons & Associates	
* Family name	Ltd	
		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 	 An agent that is a business 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?	YesNo	
* Registration number	08030680	
* Business name	Joshua Simons & Associates Ltd	If your business is registered, use its registered name.
* VAT number -	154176021	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		1
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
		1
		•
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 a 2003.	pplication as the premises supervisor under
* Premises licence number	LN/000001038/2014/2	
Are you able to provide a posta	al address, OS map reference or description of t	the premises?
	p reference O Description	•
Address		
* Building number or name	Orama	
* Street	254-256 Uxbridge Road	
District	Pinner	
* City or town	Hatch End	
County or administrative area	Middlesex	
Postcode	HA5 4HS	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises For exa	mple what type of premises it is	

Continued from previous page		
Restaurant.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Design	gnated Premises Supervisor	_
* First name	Panayiotis	
* Family name	Argrou	
Personal licence number of		1
proposed designated premises supervisor	681270	
Issuing authority of that licence	Brent Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Antonis	
Family name	Anastasiou	
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 o	f
Yes	○ No	
* Will the premises licence or rapplication?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of t be supplied to the authority?	he proposed designated premises supervisor	
C Electronically, by the pro	posed designated premises supervisor	
 As an attachment to this 	variation	
Deference number for concent		If the consent form is already submitted, ask
Reference number for consent form (if known)	DPS-CON-ORAMA	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	uthority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed	fee of £23	
DECLARATION		
	nce, liable on conviction to a fine up to level 5 o false statement in or in connection with this ap	

Continued from previous page		
☐ Ticking this box indicate	tes you have read and understood the above declaration	
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent act	ting on
* Capacity	Licensing Agent	
* Date	09 / 06 / 2014 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	PRE-LIC-DPS-CHG-ORAMA	
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 <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >	

Consent of individual to being specified as premises supervisor

Panayiotis Argrou	
[full name of prospective pren	nises supervisor]
of	
[home address of prospective premis	ses supervisor)
hereby confirm that I give my supervisor in relation to the app	consent to be specified as the designated premises plication for
to specify an individual as a p	oremises supervisor
[type of application]	
by	
P&S Trading as Orama Limite	ed
[name of applicant]	
relating to a premises licence	LN/00001038/2014/2 [number of existing licence, if any]
for	
Orama 254-256 Uxbridge Road Hatch End Middlesex HA5 4HS	
[name and address of premises to wh	ich the application relates]

and any premises licence by	e to be granted or varied in respect of this application made
P&S Trading as Orama	Limited
[name of applicant]	
concerning the supply of	alcohol at
Orama	
254-256 Uxbridge Road	i
Hatch End	
Middlesex	
HA5 4HS	
[name and address of premise	es to which application relates]
I also confirm that I am a licence, details of which I	applying for, intend to apply for or currently hold a personal set out below.
Personal licence number 681270	
[insert personal licence numbe	r, if any]
Personal licence issuing	authority
Brent Council, Civic Ce	entre Engineers Way Wembley, Middlesex, HA9 0FJ. 0208
937 5359. finsert name and address and	telephone number of personal licence issuing authority, if any]
	,
Signed	

Name (please print)	PANATIOTIS ARGYRU
	1.1
Date	20/14.
	¥

Application ref: harrow-115545 Licence: Application to vary a premises licence to specify an individual as designated premises supervisor Applicant name: Joshua Simons & Associates Ltd Submitted on: 10/06/2014 10:43 Total fee: £23.00 Payment status: Paid Capita ref: 386690 Amount paid: £23.00 Fee outstanding: £0.00 **Application** Joshua Simons & Associates Ltd application form Supporting documents (2) Premises plan

Consent form of DPS

Authority Reference

Reference:

Tacit consent applies

Process by: 17/06/2014

Status: Collected on

11/06/2014

Expires in 6 days on

18-06-2014

