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 black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / we Vallipuram	Srirani	ithan
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(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/000000968/2010/3

Part 1 – Premises details

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

Ground Floor Shop Premises 553 Pinner Road

Post town Harrow

Post code (if known)

HA2 6EQ

Telephone number (if any)

Description of premises (please read guidance note 1)

Open Nearly All Hours, 553 Pinner Road, Harrow, Middlesex, HA2 6EQ

Part 2

Full name of proposed designated premises supervisor	
Vallipuram Sriranjithan	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any) LN/000007480/2014/1	
Full name of existing designated premises supervisor (if any) Thambiah Jogendrarajah	
Please tick yes	S
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	
I have enclosed the premises licence or relevant part of it	
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)	
Reasons why I have failed to enclose the premises licence or relevant part of it	
Please tick yes	s
 I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police I have enclosed the consent form completed by the proposed premises supervisor I have enclosed the premises licence, or relevant part of it or explanation I will give a copy of this form to the existing premises supervisor, if any 	
 I understand that if I do not comply with the above requirements my application will be rejected]
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 guidance note 2)

Signature of applicant or applicant's so (See guidance note 3). If signing on beha capacity.	licitor or other duly authorised agent Ilf of the applicant please state in what
Signature	
Date 18/11/14	•••••••••••••••••••••••••••••••••••••••
Capacity Applicant	
For joint applicants signature of 2 nd app authorised agent (please read guidance r applicant please state in what capacity.	licant 2 nd applicant's solicitor or other note 4). If signing on behalf of the
Signature	
Date	
Capacity	•••••••••••••••••••••••••••••••••••••••
Contact name (where not previously give correspondence associated with this appropriate the correspondence associated with the correspondence as the corre	ren) and postal address for oplication (please read guidance note 5)
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond wit (optional)	th you by e-mail your e-mail address

Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- The application form must be signed.
 An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

and any premises licence by	to be granted or varied in respect of this application made
Valiupram Sriranjithan	
[name of applicant]	
Concerning the supply of a Open Nearly All Hours,	alcohol at 553 Pinner Road, Harrow, Middlesex, HA2 6EQ
	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 LN/000007480/2014/1	r if anyl
Personal licence issuing a Licensing Section of Ha	authority
Signed	
Name (please print)	VALLIDURAM SRIRANSITHAN
Date	18/11/14