

Harrow

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

For help contact

 $\underline{licensing@harrow.gov.uk}$

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	ogged in when you resume.			
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.			
Your reference	O'Neill's Harrow V DPS	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	half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or			
	lo	work for.			
Applicant Details		ONDON BOROUGH OF HARRO Signature of Officer Authenticated			
* First name	Mitchells & Butlers Leisure Retail Ltd	(1 1 SEP 2015) ²)			
* Family name	Mitchells & Butlers Leisure Retail Ltd	NAMULA SINGE			
* E-mail		DAMUNITY SAFETY SERVICE			
Main telephone number		Include country code.			
Other telephone number					
☐ Indicate here if the appli	icant would prefer not to be contacted by telep	hone			
Is the applicant:					
Applying as a business of	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?					
* Registration number	01001181				
* Business name	Mitchells & Butlers Leisure Retail Ltd	If the applicant's business is registered, use its registered name.			
* VAT number GB	4551498	Put "none" if the applicant is not registered for VAT.			
* Legal status	Private Limited Company				

Continued from previous page				
* Applicant's position in the	Premises Licence Holder	1		
business	Tempes Electric Floride			
Home country	United Kingdom	The country where the applicant's headquarters are.		
Registered Address		Address registered with Companies House.		
* Building number or name	27			
* Street	Fleet Street			
District				
* City or town	Birmingham			
County or administrative area				
* Postcode	B3 1JP			
* Country	United Kingdom			
Agent Details				
* First name	Poppleston Allen Solicitors			
* Family name	Poppleston Allen Solicitors			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
☐ Indicate here if you wou	ıld prefer not to be contacted by telephone			
Are you:				
 An agent that is a busing 	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 acti	ng as an agent			
Agent Business				
* Is your business registered in the UK with Companies House?	← Yes ← No			
* Is your business registered outside the UK?	← Yes ← No			
* Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.		
* VAT number GB	6107582862	Put "none" if you are not registered for VAT.		
* Legal status	Partnership			
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Continued from previous page					
* Your position in the business	Paralegal				
Home country	United Kingdom	The country where the headquarters of you 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	NG1 1LS				
* 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 ap 2003.	oplication as the premises supervisor under			
* Premises licence number	LN/000000751/2015/8				
Are you able to provide a posta	al address, OS map reference or description of t	he premises?			
♠ Address	p reference C Description				
Address					
* Building number or name	O'Neill's				
* Street	335- 339 Station Road				
District					
* City or town	Harrow				
County or administrative area	Middlesex				
Postcode	HA1 2AA				
* 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		
	•	
As existing		
Section 3 of 4		
SUPERVISOR		
	anatad Busines Companies	
*	gnated Premises Supervisor	
* First name	KATARZYNA	
* Family name	JASINSKA	
Personal licence number of		1
proposed designated premises supervisor	7708/2	J
•	S 10 10 10 10 10 10 10 10 10 10 10 10 10	
Issuing authority of that licence	Birmingham City Council	
Full Name Of Existing Design		
First name	Robert	
Family name	Rudd	
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 o	f
Yes	C No	
* 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	d with this application
Licence to follow via first class	s post	
be supplied to the authority?	the proposed designated premises supervisor	
← Electronically, by the pro	pposed designated premises supervisor	
 As an attachment to this 	variation	
		If the consent form is already submitted, ask
Reference number for consen form (if known)		the proposed designated premises supervisor for its 'system reference' or 'your
·		reference'
Section 4 of 4		
PAYMENT DETAILS		

Continued from previous page				
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 f	fee of £23			
DECLARATION				
	nce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application.			
□ Ticking this box indicat	res you have read and understood the above declaration			
This section should be comple 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 for & on behalf of the applicant			
* Date	10 / 09 / 2015			
	dd mm yyyy			
	Remove this signatory			
	Add another signatory			
OFFICE USE ONLY				
Applicant reference number	O'Neill's Harrow V DPS			
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	Digitally signed			
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >			

MITCHELLS AND BUTLER LEISURE RETAIL LIMITED

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS DESIGNATED PREMISES SUPERVISOR

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I (Insert Full Name)

KATARZYNA JULIA JASINSKA

of (Insert Home Address)

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

Supervisor in relation to the application for a Variation of the Premises Licence by

Mitchells and Butler Leisure Retail Limited relating to a Premises Licence (Insert

Premises Licence Number) LN/000000751/2015/B

(Insert Name and Address of Premises) O'NEILL'S PH

and any licence to be granted or varied in respect of this application made by

Mitchells Butters Leisure Retail Limited, concerning the supply of alcohol at

(Insert Name and Address of Premises)

HARROW, HIDDLESEX HAT 244

Personal Licence Number 7708/2

BIRHINGHAM CITY COUNCIL

Name Printed KATARZYNA JASINSILA

Dated 07/09/2016

Choe completed, please send this document to Poppleston Allen Licensing Solicitors
Poppleston Allen Licensing Solicitors
37 Stoney Street, The Lace Market
Notingham, NG1 1LS