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

For help contact licensing @harrow.gov.uk Telephone: 020 8901 2600

\* required information

Section 1 of 4			
You can save the form at any 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	O'Neills Harrow - IM	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 behalf of the applicant?		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	Mitchells and Butlers Leisure Retail Limited	]	
* Family name	Mitchells and Butlers Leisure Retail Limited	]	
* E-mail			
Main telephone number		untry code.	
Other telephone number			
Indicate here if the appl	icant would prefer not to be contacted by telep	hone	
Is the applicant:			
<ul> <li>Applying as a business</li> </ul>	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.	
<ul> <li>Applying as an individu</li> </ul>	al	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 (`No		
* Registration number	01001181		
* Business name	Mitchells and Butlers Leisure Retail Limited	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 business	Premises Licence Holder	]
Home country	United Kingdom	The country where the applicant's headquarters are.
<b>Registered Address</b>		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 - I	
* Family name	Poppleston Allen Solicitors - I	
* E-mail		
Main telephone number		<u>.</u>
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.
<ul> <li>A private individual actir</li> </ul>	ng as an agent	person without any special legal structure.
Agent Business		
* Is your business registered in the UK with Companies House?	ſ Yes (€ No	
* Is your business registered outside the UK?	CYes ( No	
* 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	

Continued from previous page		
* Your position in the business	Paralegal	
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	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/00000751/2015/10	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address C OS map	p reference C Description	
Address		
* Building number or name	O'Neills	
* Street	335-339 Station Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA1 2AA	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example	mple, what type of premises it is	

Continued from previous page		
As existing		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	anated Premises Supervisor	
* First name	Andrew	
* Family name	Rollins	
Personal licence number of proposed designated premises supervisor	LN/000007639/2015/2	
Issuing authority of that licence	Harrow Council	
Full Name Of Existing Design	ated Premises Supervisor	
First name	Куlе	
Family name	Sykes	
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 of	f
Yes	C No	
* Will the premises licence or reapplication?	elevant part of it be submitted with this	
C Yes	No	
* Reasons why the premises lic	ence or relevant part of it will not be submitted	with this application
You are already in possession	of the original licence as part of a previous appl	ication.
How will the consent form of t be supplied to the authority?	he proposed designated premises supervisor	
<ul> <li>Electronically, by the proposed designated premises supervisor</li> </ul>		
<ul> <li>As an attachment to this</li> </ul>	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		

Continued from previous page	
	uthority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed	
DECLARATION	
I/we understand it is an offer	nce, 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	a false statement in or in connection with this application.
Ticking this box indica	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 acting on
* Full name	Poppleston Allen
* Capacity	Solicitors for & on behalf of the applicant
* Date	03 / 05 / 2016
	dd mm yyyy
	Remove this signatory
	Add another signatory
OFFICE USE ONLY	
Applicant reference number	O'Neills Harrow - IM
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 >

DESIGNATED PRO To be completed in block capitals (Insert Full Name) STUART ROLLINS ANDREW JAMES of (Insert 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 the Premises Licence by Mitchells and Butler Leisure Retail Limited relating to a Premises Licence (Insert Premises Licence Number) LN/00000751/2015/10 (Insert Name and Address of Premises) O'NETLUS HARROW 335-339 STATION ROAD, HARROW, HAT ZAA and any licence to be granted or varied in respect of this application made by Mitchells Butlers Leisure Retail Limited, concerning the supply of alcohol at (Insert Name and Address of Premises) O'NETLIS HARRON, 335-339 STATION ROAD, HARROW, HAL ZAA also confirm that I currently hold a personal licence, details of which I set out below: Personal Licence Number LN 1000007639 1201512 Personal Licence Issuing Authority HARROW COUNCIL Name Printed A. POLLINS 29/04/16. Dated

Once completed, please send this document to Poppleston Allen Licensing Solicitors:-