

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 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 | ATO - VDPS - O'Neills Harrow | You can put what you want here to help you track applications if you make lots of them. is passed to the authority. | |
| | | Put "no" if you are applying on your own behalf or on behalf of a business you own or work for. | |
| | | | |
| Applicant Details | | | |
| * First name | Mitchells & Butlers Leisure Retail Limited | | |
| * Family name | Mitchells & Butlers Leisure Retail Limited | | |
| * E-mail | licensing.admin@mbplc.com | | |
| Main telephone number | 01214984000 | 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 Applying as an individual | or organisation, including as a sole trader | A sole trader is a business owned by one 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? | | Note: completing the Applicant Business section is optional in this form. | |
| Registration number | 01001181 | | |
| Business name | Mitchells & 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 | | |
| | | | |

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|-------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|
| Applicant's position in the business | Premises 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 | 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 - Alex Tomlinson | |
| * Family name | Poppleston Allen Solicitors - Alex Tomlinson |] |
| * E-mail | a.tomlinson@popall.co.uk | |
| Main telephone number | 01159349163 | 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 |
| C A private individual acti | ng as an agent | person without any special legal structure. |
| Agent Business | | |
| Is your business registered in the UK with Companies House? | Ç Yes | Note: completing the Applicant Business section is optional in this form. |
| Is your business registered outside the UK? | ← Yes | |
| 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 | 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 | Poppleston Allen Solicitors | address - that is an address required of you by law for receiving communications. |
| Street | 37 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. | pplication as the premises supervisor under |
| * Premises licence number | LN/000000751/13 | |
| Are you able to provide a posta | al address, OS map reference or description of t | he premises? |
| | p reference C Description | |
| Address | | |
| * Building number or name | O'Neill's | |
| * Street | 335-339 Station Road | |
| District | Harrow | |
| * City or town | Middlesex | |
| County or administrative area | | |
| Postcode | HA1 2AA | |
| * Country | United Kingdom | |
| Contact Details | | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| Describe the premises. For example 1 | mple, what type of premises it is | |

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|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| As existing. | | |
| | | |
| | | |
| Section 3 of 4 SUPERVISOR | | |
| | ignated Premises Supervisor | |
| * First name | Grainne | |
| | | |
| * Family name | Whelan | |
| | | |
| | | |
| | | |
| - 44 | dd mm yyyy | |
| Personal licence number of proposed designated | LN20132985 | |
| premises supervisor | | |
| Issuing authority of that | Merton Council | |
| licence | Metter council | |
| Full Name Of Existing Design | nated Premises Supervisor | |
| First name | Robert | |
| Family name | Evans | |
| | ion to have immediate effect under section 38 of | |
| the Licensing Act 2003? Yes | C. M. | |
| | No No | |
| * Date you would like this application to have effect | 12 / 03 / 2018 | |
| under section 38 of the Licensing Act 2003 | 12 / 03 / 2018 dd mm yyyy | |
| - | relevant part of it be submitted with this | |
| C Yes | © No | |
| * Reasons why the premises lie | cence or relevant part of it will not be submitted with this application | |
| Original licence to follow via f | | |
| | | |
| | | |
| | | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| How will the consent form of to be supplied to the authority? | he proposed designated premises supervisor | | |
| C Electronically, by the pro | C Electronically, by the proposed 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 | thority. If you complete the application online, | you must pay it by debit or credit card. | |
| This formality requires a fixed | fee of £23 | | |
| DECLARATION | ··· | | |
| statement in or in connection I/WE UNDERSTAND THAT IT I STATEMENT IN OR IN CONNE SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFI THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE | nce, liable on conviction to a fine under section in with this application. S AN OFFENCE, UNDER SECTION 158 OF THE LIGORITHM WITH THIS APPLICATION. THOSE WHO MAY FINE OF ANY AMOUNT. [APPLICABLE TO INDIVINOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT ALIMITED LIABILITY PARTNERSHIP, BUT NOT ALIMITED LIABILITY PARTNERSHIP, BUT NOT ALIMITED LIABILITY PARTNERSHIP, BUT NOT ARE DISTORMED AND ALIMITED LIABILITY UNDER SECTION 15 OF THOSE WHO EMPLOY AN ADULT WITHOUT LEADLE TO A CIVIL PENALTY UNDER SECTION 15 OF PURSUANT TO SECTION 21 OF THE SAME ACT, DOGE, OR WITH REASONABLE CAUSE TO BELIEVE SES YOU have read and understood the above decrease. | CENSING ACT 2003, TO MAKE A FALSE MAKE A FALSE STATEMENT MAY BE LIABLE ON MIDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY ON ACT 1971] FOR A PERSON TO WORK WHEN MIQUALIFIED FROM DOING SO BY REASON OF MAYE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE E, THAT THE EMPLOYEE IS DISQUALIFIED. | |
| 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 on behalf of client | | |
| * Date | 09 / 03 / 2018 dd mm yyyy Remove this signatory | | |
| | Add another signatory | | |

| OFFICE USE ONLY | | |
|----------------------------|------------------------------|--|
| | | |
| Applicant reference number | ATO - VDPS - O'Neills Harrow | |
| 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 1 2 3 4 | Next > | |

MITCHELLS AND BUTLER LEISURE RETAIL LIMITED

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS DESIGNATED PREMISES SUPERVISOR

| To be completed in block capitals | To be | comp | leted | in | block | capita | als |
|-----------------------------------|-------|------|-------|----|-------|--------|-----|
|-----------------------------------|-------|------|-------|----|-------|--------|-----|

| To be completed in block capitals |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l (Insert Full Name) |
| GRAINNE MARY WHELAN |
| of (Insert Home Address) |
| |
| |
| |
| horopy confirm that I give my consent to find the first to the first t |
| 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) |
| 751/2016/13 |
| for (Insert Name and Address of Premises) |
| O'NEWS HADRON, 335 - 339 STATION RD, HAPPON |
| HAN ZATA. |
| |
| and any licence to be granted or varied in respect of this application made by |
| Mitchells Butiers Leisure Retail Limited, concerning the supply of alcohol at (Insert Name and Address of Premises) |
| O'NEWS MARCION, 335-339 STATION IND, HARROW |
| MAT 2AA |
| TIMI UNIT |
| I also confirm that I am entitled to work in the United Kingdom and hold a personal |
| licence, details of which I set out below. |
| Personal Licence Number LN 2013 7985. |
| Personal Licence Issuing Authority |
| MERTON |
| |
| Date of Birth |
| Place of Birth |
| Nationality |
| Signed |
| |
| Date 9/5/18. |
| 8/3/18. |

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

Poppleston Allen Licensing Solicitors 37 Stoney Street, The Lace Market, Nottingham, NG1 1LS