



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

14-18 Station Road

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?

Yes No

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

Kannan

* Family name

Thangarasa

* E-mail

[Redacted]

Main telephone number

[Redacted]

Include country code.

Other telephone number

[Redacted]

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

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.

Continued from previous page...

Address

* Building number or name	<input type="text"/>
* Street	<input type="text"/>
District	<input type="text"/>
* City or town	<input type="text"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value="Debra"/>
* Family name	<input type="text" value="Silvester"/>
* E-mail	<input type="text" value="licensing-services-agency@ntlworld.com"/>
Main telephone number	<input type="text" value="01992 584959"/>
Other telephone number	<input type="text" value="07931 484635"/>

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
 A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK? Yes No

Business name	<input type="text" value="Licensing Services Agency"/>
VAT number	<input type="text" value="none"/>
Legal status	<input type="text" value="Sole Trader"/>
Your position in the business	<input type="text" value="Owner"/>
Home country	<input type="text" value="United Kingdom"/>

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

Continued from previous page...

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name	Licensing Services Agency
Street	16 Bengoe Street
District	
City or town	Hertford
County or administrative area	
Postcode	SG14 3ES
Country	United Kingdom

Section 2 of 4

PREMISES DETAILS

I/we 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

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Address

* Building number or name	Nisa Local
* Street	14-18 Station Road
District	
* City or town	Harrow
County or administrative area	
Postcode	HA1 2SL
* Country	United Kingdom

Contact Details

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

Describe the premises. For example, what type of premises it is

Continued from previous page...

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

I will notify the existing premises supervisor (if any) of this application

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

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

Continued from previous page...

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date / /
dd mm yyyy

OFFICE USE ONLY

Applicant reference number	<input type="text" value="14-18 Station Road"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>


< Previous 1 2 3 4 Next >

DESIGNATED PREMISES SUPERVISOR CONSENT FORM

Consent of individual to being specified as premises supervisor

If you are completing this form by hand please use black ink and write legibly in block capitals.

I, KANNAN THANGARASA [full name of prospective premises supervisor]

of 

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for TRANSFER + DPS CHANGE [type of application eg, grant of new licence / vary of DPS] by K THANGARASA [name of applicant]

relating to premises licence LN/000001098/2017/6 [number of existing licence, if any] for

NISA LOCAL
14-18 STATION ROAD HARROW [name and address of premises to which the application relates]

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

...SAME APPLICANT..... [name of applicant]

concerning the supply of alcohol at ...SAME PREMISES [name and address of premises to which application relates].

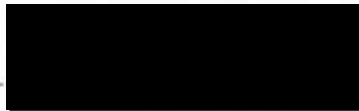
I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number - LN/000003726/2010/1 [insert personal licence number if any]

Personal licence issuing authority HARROW COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name
(please print)

MR. KANNAN THANGARASA

Date

1/5/2018

Data Protection: The Council will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.