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.

(full name(s) of premises licence holder) 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

USO9-BACT-3F GM -WAM4

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description BUCKINGHAM PARADE. 11 STANMORE, MIDDX Post town Post code HA7 4EB Telephone number (if any)

Description of premises (please read guidance note 1)

RESMURNT & Deli (SHOR & premises)

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TIME.

Full name of propos	ed designated premises supervisor	
MARTIN	Meni	
	nber of proposed designated premises supervisor and issuing authorit	y of
that licence (if any)	HILLINGDON LBHILDI41	
Full name of existing	g designated premises supervisor (if any)	
STEPHEN	CLIVE BALSAM	
	Please tick	yes
would like this applica	ation to have immediate effect under section 38 of the Licensing Act 200	03 🔲
have enclosed the pre	emises licence or relevant part of it	1
If you have not enclos	sed the premises licence, or relevant part of it, please give reasons why no	ot)
Reasons why I have I	failed to enclose the premises licence or relevant part of it	
	Please tick	✓ yes
 I have made of I will give a community 	or enclosed payment of the fee opy of this application to the chief officer of police	
 I have enclose 	ed the consent form completed by the proposed premises	
supervisor I have enclose	ed the premises licence, or the relevant part of it or explanation	
 I will give a control of the second of the se	opy of this form to the existing premises supervisor, if any that if I do not comply with the above requirements my application will	

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 appli f signing on behal	cant or applicant's solicitor If of the applicant please st	or other duly authorised agent (see guidance note 3) ate in what capacity.
Signature	-	
6/ <i>4</i> /	112	
Capacity \mathcal{D}_{i}	rectal	
For joint applicati agent (please reac capacity.	ons signature of 2 nd applica I guidance note 4). If signin _i	nt or 2 nd applicant's solicitor or other authorised g on behalf of the applicant please state in what
Signature	NIA	
Date	~ 4	
Capacity	~14	
Contact name (within application (please read guidance note 5	and address for correspondence associated with)
Post town		Post code
Telephone numb	er (if any)	
If you would pre	fer us to correspond with y	ou by e-mail your e-mail address (optional)

Guidance notes

- Describe the premises. For example the type of premises it is. The application form must be signed. 1.
- 2.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that 3. they have actual authority to do so.
- Where there is more than one applicant, both applicants or their respective agents must sign 4. the application form.
- This is the address which we shall use to correspond with you about this application. 5.



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