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   |  | 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<br>• Yes  • N  |  | Put "no" if you are applying on your own<br>behalf or on behalf of a business you own or<br>work for.   |
| Applicant Details  |  |   |
| * First name   | GAGANDEEP SINGH                                |   |
| * Family name  | BAWEJA   |   |
| You must enter a valid e-mai   | l address                                      |   |
| * E-mail   | NONE   |   |
| Main telephone number  |  | Include country code.   |
| Other telephone number   |  |   |
| Indicate here if the appli   | cant would prefer not to be contacted by telep | hone  |
| Is the applicant:  |  |   |
| <ul> <li>Applying as a business or organisation, including as a sole trader</li> </ul> |  | A sole trader is a business owned by one  |
| <ul> <li>Applying as an individua</li> </ul>   | 1  | person without any special legal structure.<br>Applying as an individual means the<br>applicant is applying so the applicant can be<br>employed, or for some other personal reason,<br>such as following a hobby. |

| Continued from previous page                                      |  |   |
|---|--|---|
| Address   |  |   |
| * Building number or name   |  |   |
|   |  |   |
| * Street  |  |   |
| District  |  |   |
| * City or town  |  |   |
| County or administrative area                                     |  |   |
| * Postcode  |  |   |
| * Country   | United Kingdom                               |   |
|   |  |   |
| Agent Details   |  |   |
| * First name  | MANPREET SINGH                               |   |
| * Family name   | KAPOOR                                       |   |
| * E-mail  | info@personallicencecourses.com              |   |
| Main telephone number   | 02086060558                                  | Include country code.   |
| Other telephone number  |  |   |
| Indicate here if you would  | d prefer not to be contacted by telephone    |   |
| Are you:  |  |   |
| <ul> <li>An agent that is a busine</li> </ul>                     | ess or organisation, including a sole trader | A sole trader is a business owned by one                                  |
| <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<br>the UK with Companies<br>House? | • Yes O No                                   | Note: completing the Applicant Business section is optional in this form. |
| Registration number   | 10291684                                     |   |
| Business name   | PERSONAL LICENCE COURSES UK LTD              | If your business is registered, use its registered name.                  |
| VAT number -  |  | Put "none" if you are not registered for VAT.                             |
| Legal status  | Private Limited Company                      |   |
| Your position in the business                                     | EMPLOYEE                                     |   |
| Home country  | United Kingdom                               | The country where the headquarters of your business is located.           |
|   |  |   |

| Continued from previous page                                     |   |   |
|--|---|---|
| Agent Registered Address   |   | Address registered with Companies House.    |
| Building number or name  | INFOTREE HOUSE  |   |
| Street   | NEWPORT ROAD  |   |
| District   |   |   |
| City or town   | HAYES   |   |
| County or administrative area                                    |   |   |
| Postcode   | UB4 8JX   |   |
| 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<br>2003. | oplication as the premises supervisor under |
| * Premises licence number  | LN/0000889/2011/5   |   |
| Are you able to provide a posta                                  | al address, OS map reference or description of t          | he premises?                                |
| Address  | o reference O Description                                 |   |
| Address  |   |   |
| * Building number or name  | GAGAN FOOD & WINE   |   |
| * Street   | 2 MERIVALE ROAD   |   |
| District   |   |   |
| * City or town   | HARROW  |   |
| County or administrative area                                    |   |   |
| Postcode   | HA1 4BH   |   |
| * Country  | United Kingdom  |   |
| Contact Details  |   |   |
| E-mail   |   |   |
| Telephone number   |   |   |
| Other telephone number   |   |   |
| Describe the premises. For example                               | mple, what type of premises it is                         |   |
| OFF LICENCE AND CONVENIEN  | ICE STORE   |   |
|  |   |   |

| 0  |   |  |
|--|---|--|
| Continued from previous page   |   |  |
| Continue 2 of 4  |   |  |
| Section 3 of 4<br>SUPERVISOR   |   |  |
|  |   |  |
| Full Name Of Proposed Desig  | -<br>-  | 1  |
| * First name   | GAGANDEEP SINGH                                   |  |
| * Family name  | BAWEJA  |  |
| * Nationality  |   |  |
| * Place of birth   |   |  |
| * Date of birth  |   |  |
|  | dd mm yyyy  |  |
| Personal licence number of<br>proposed designated<br>premises supervisor | 17LIC07071PERS                                    |  |
| Issuing authority of that  | EALING COUNCIL                                    |  |
| licence  |   |  |
| Full Name Of Existing Design   | nated Premises Supervisor                         |  |
| First name   | HARPREET  |  |
| Family name  | GROVER  |  |
| * Would you like this application the Licensing Act 2003?                | on to have immediate effect under section 38 o    | f  |
| • Yes  | ○ No  |  |
| * Will the premises licence or reapplication?                            | elevant part of it be submitted with this         |  |
| • Yes  | ⊂ No  |  |
| How will the consent form of the supplied to the authority?              | he proposed designated premises supervisor        |  |
| <ul> <li>Electronically, by the pro</li> </ul>                           | posed designated premises supervisor              |  |
| • As an attachment to this   | variation   |  |
| Reference number for consent   |   | If the consent form is already submitted, ask  |
| form (if known)  |   | the proposed designated premises<br>supervisor for its 'system reference' or 'your<br>reference' |
| Section 4 of 4   |   |  |
| PAYMENT DETAILS  |   |  |
| This fee must be paid to the au  | Ithority. If you complete the application online, | you must pay it by debit or credit card.   |
| This formality requires a fixed f  | ee of £23   |  |
| DECLARATION  |   |  |

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\* 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 | MANPREET KAPOOR              |  |
|-------------|------------------------------|--|
| * Capacity  | DULY AUTHORISED AGENT        |  |
| * Date      | 04 / 01 / 2018<br>dd mm yyyy |  |
|             | Remove this signatory        |  |
| Full name   |                              |  |
| Capacity    |                              |  |
| * Date      | dd mm yyyy                   |  |
|             | Remove this signatory        |  |
|             | Add another signatory        |  |

### OFFICE USE ONLY

| Applicant reference number                     |        |  |
|--|--------|--|
| 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 > |  |

## Consent of individual to being specified as premises supervisor

# GAGANDEEP SINGH BAWEJA [full name of prospective premises supervisor]



[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

.....

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### TRANSFER AND VARY OF DPS

[type of application]

by

I

GAGANDEEP SINGH BAWEJA

[name of applicant]

LN/00000889/2001/5

relating to a premises licence

[number of existing licence, if any]

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for

GAGAN FOOD & WINE 2 MERIVALE ROAD HARROW HA1 4BH

[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

### GAGANDEEP SINGH BAWEJA

[name of applicant]

concerning the supply of alcohol at

GAGAN FOOD & WINE 2 MERIVALE ROAD HARROW, HA1 4BH

[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

17LIC07071PERS

[insert personal licence number, if any]

Personal licence issuing authority

EALING COUNCIL

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

| Signed              |                        |
|---------------------|------------------------|
| Name (please print) | GAGANDEEP SINGH BAWEJA |
| Date                | 04.01.2018             |