

## 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		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 CI	No	work for.
Applicant Details * First name		ONDON BOROUGH OF HARPOLE 2 3 MAY 2016
* Family name		SOMMUNITY SAFETY SERVICES
* E-mail		UNITY SAFETY SERV
Main telephone number		Include country code.
Other telephone number		
🖂 Indicate here if the appl	licant would prefer not to be contacted by tele	phone
Is the applicant:		
Applying as a business 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 C No	
* Registration number	08021399	
* Business name	Dine India (London) Ltd	<ul> <li>If the applicant's business is registered, use</li> <li>its registered name.</li> </ul>
* VAT number	none	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	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	328	]
* Street	High Road	
District		
* City or town	Harrow	]
County or administrative area		]
* Postcode	HA3 6HS	
* Country	United Kingdom	]
Agent Details		
* First name		]
* Family name		]
* E-mail		]
Main telephone number		Include country code.
Other telephone number		
🔲 Indicate here if you wou	Id 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 actin</li> </ul>	ng as an agent	person without any special legal structure.
<b>Agent Business</b> * Is your business registered in the UK with Companies House?		
* Registration number	8832658	
* Business name	Compliance Direct Ltd	If your business is registered, use its registered name.
* VAT number GB	204 9151 33	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	]

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* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name		
* Street		]
District		
* City or town		]
County or administrative area		
* Postcode		
* Country		]
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this a 2003.	oplication as the premises supervisor under
* Premises licence number	LN/000008921/2016/1	
Are you able to provide a post	al address, OS map reference or description of t	he premises?
Address C OS ma	p reference C Description	
Address		
* Building number or name	328	
* Street	High Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA3 6HS	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example, what type of premises it is		

Continued from previous page				
Ground and Basement Floor Restaurant and Bar.				
Section 3 of 4				
SUPERVISOR				
Full Name Of Proposed Desi	gnated Premises Supervisor			
* First name	Atul	]		
* Family name	Bhudia	]		
Personal licence number of proposed designated premises supervisor	LN/00008890/2015/1	]		
Issuing authority of that licence	LB Harrow	]		
Full Name Of Existing Designated Premises Supervisor				
First name	None	]		
Family name	None	]		
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?				
Yes	No			
* Will the premises licence or r application?	elevant part of it be submitted with this			
Yes	C No			
How will the consent form of the proposed designated premises supervisor be supplied to the authority?				
C Electronically, by the pro	posed 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 authority. If you complete the application online, you must pay it by debit or credit card. This formality requires a fixed fee of £23				
/we understand 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.				

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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	22 / 05 / 2016	
	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

..... [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 Type of application] Dinc India (Londen) Ltd by. [number of existing licence, if any] [name of applicant] relating to a premises licence Mundai Canal 328 High Read Harmad for

[name and address of premises to which the application relates]

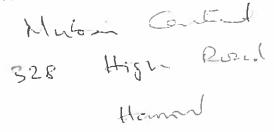
I.

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

Dive India (Lonion) Ltd

[name of applicant]

concerning the supply of alcohol at



[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

[insert personal licence number, if any]

Personal licence issuing authority

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

..... Signed ATUL BHUDIA Name (please print) 18/05/2016

Date