

Signature of Office At the speate:



Harrow

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact AFETY for new contact licensing@harrow.gov.uk

Telephone: 020 8901 2600

Section 1 of 4			
You can save the for	m at any 1	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		EMF/28715/57/RPB	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		MALTHURST LIMITED	
* Family name		MALTHURST LIMITED	
* E-mail			
Main telephone number			Include country code.
Other telephone num	nber		
☐ Indicate here if	f the appl	icant would prefer not to be contacted by te	elephone
Is the applicant:			
Applying as a k	business (or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an individu		al	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 bu registered in the UK v Companies House?			
* Registration number		03445529	
* Business name		MALTHURST LIMITED	If the applicant's business is registered, use its registered name.
* VAT number	GB	NA	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	LICENSING DEPARTMENT			
Home country	United Kingdom	The country where the applicant's headquarters are.		
Registered Address		Address registered with Companies House.		
* Building number or name	VINCENT HOUSE			
* Street	4 GROVE LANE			
District				
* City or town	EPPING			
County or administrative area				
* Postcode	CM16 4LH			
* Country	United Kingdom			
Agent Details				
* First name	WINCKWORTH SHERWOOD LLP			
* Family name	WINCKWORTH SHERWOOD LLP			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
☐ Indicate here if you wou	uld prefer not to be contacted by telephone			
Are you:				
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.		
person without any special legal structure. A private individual acting as an agent				
* Is your business registered				
in the UK with Companies House?				
* Registration number	OC 334359			
* Business name	WINCKWORTH SHERWOOD LLP	If your business is registered, use its registered name.		
* VAT number GB	183868066	Put "none" if you are not registered for VAT.		
* Legal status	Partnership			

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* Your position in the business	LEGAL ASSISTANT		
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	MINERVA HOUSE		
* Street	5 MONTAGUE CLOSE		
District			
* City or town	LONDON		
County or administrative area			
* Postcode	SE1 9BB		
* 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	LN/000002646/2011/4		
Are you able to provide a post	al address, OS map reference or description of	the premises?	
	p reference C Description		
Address			
* Building number or name	MRH STANMORE (formerly MALTHURST STANMORE)		
* Street	65 STANMORE HILL		
District			
* City or town	STANMORE		
County or administrative area			
Postcode	HA7 3DZ		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			

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Describe the premises. For example, what type of premises it is				
A petrol forecourt store.				
Section 3 of 4				
SUPERVISOR				
Full Name Of Proposed Designated Premises Supervisor				
* First name ARUMAITHURAI				
* Family name RONALWOLDER				
Personal licence number of proposed designated LN/000005918/2012/1 premises supervisor				
Issuing authority of that licence HARROW COUNCIL				
Full Name Of Existing Designated Premises Supervisor				
First name JEETEN				
Family name HINDOCHA				
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?				
C Yes				
* Date you would like this application to have effect under section 38 of the Licensing Act 2003 * Date you would like this 2016 O4 / 08 / 2016 mm yyyyy				
* Will the premises licence or relevant part of it be submitted with this application?				
How will the consent form of the proposed designated premises supervisor be supplied to the authority?				
C Electronically, by the proposed designated premises supervisor				
As an attachment to this variation				
Reference number for consent form is already substantial form (if known) If the consent form is already substantial form (if known) the proposed designated premise supervisor for its 'system reference'	es es			
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 of the authority.				

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This formality requires a fixed fee of £23				
DECLARATION				
licensing act 2003, to make a	nce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application. ses you have read and understood the above declaration			
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	WINCKWORTH SHERWOOD LLP			
* Capacity	AGENT			
* Date	02 / 08 / 2016 dd mm yyyy			
	Remove this signatory			
	Add another signatory			
OFFICE USE ONLY				
Applicant reference number	EMF/28715/57/RPB			
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				
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CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

I ARUMAITHURAI RONALWOLDER		
of		
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for variation by MALTHURST LIMITED		
relating to a premises licence (no. LN/000002646/2011/4)		
for MRH STANMORE, STANMORE HILL, STANMORE NORTH, LONDON, HA7 3DZ		
and any premises licence to be granted or varied in respect of this application made by MALTHURST LIMITED		
concerning the supply of alcohol at MRH STANMORE, STANMORE HILL, STANMORE NORTH, LONDON, HA7 3DZ		
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.		
Personal Licence No:LN/000005918/2012/1		
Personal Licence Issuing Authority:HARROW COUNCIL CIVIC CENTER HARROW HA12UF		
Signed:		
Name:ARUMAITHURAI RONALWOLDER		
Dated:25/07/2016		