

Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> 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 b | oe 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 | CDL/60PEEL/2019 | 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 | No | work for. | |
| Applicant Details | | | |
| * First name | Aditya | | |
| * Family name | Nandal | | |
| * E-mail | | | |
| Main telephone number | | Include country code. | |
| Other telephone number | | | |
| | olicant would prefer not to be contacted by tel | ephone | |
| Is the applicant: | | | |
| Applying as a business or organisation, including as a sole trader | | A sole trader is a business owned by one | |
| Applying as an individ | ual | 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. | |
| | | | |

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|--|--|--|
| Address | | |
| * Building number or name | | |
| * Street | | |
| District | | |
| * City or town | | |
| County or administrative area | | |
| * Postcode | | |
| * Country | United Kingdom | |
| | | |
| Agent Details | | |
| * First name | Puthrasingam | |
| * Family name | Sivashankar | |
| * E-mail | | |
| Main telephone number | | Include country code. |
| Other telephone number | | |
| ☐ Indicate here if you wou | ld prefer not to be contacted by telephone | |
| Are you: | | |
| An agent that is a business or organisation, including a sole trader | | A sole trader is a business owned by one person without any special legal structure. |
| A private individual actir | ng as an agent | person without any special regarstructure. |
| Agent Business | | |
| Is your business registered in the UK with Companies House? | YesNo | Note: completing the Applicant Business section is optional in this form. |
| Registration number | 8832658 | |
| Business name | Compliance Direct Ltd | If your business is registered, use its registered name. |
| VAT number - | None | Put "none" if you are not registered for VAT. |
| Legal status | Private Limited Company | |
| Your position in the business | Director | |
| Home country | United Kingdom | The country where the headquarters of your business is located. |
| | | |

| Continued from previous page | | |
|--|--|--|
| Agent Registered Address | Ado | dress registered with Companies House. |
| Building number or name | | diess registered with companies modes. |
| - | | |
| Street | | |
| District | | |
| City or town | | |
| County or administrative area | | |
| Postcode | | |
| Country | United Kingdom | |
| | | |
| 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 application 2003. | ation as the premises supervisor under |
| * Premises licence number | LN/00000755/2018/11 | |
| Are you able to provide a post: | al address, OS map reference or description of the p | oremises? |
| | p reference O Description | Torringes. |
| Address | | |
| * Building number or name | Masala Lounge | |
| * Street | 60 Peel Road | |
| District | | |
| * City or town | Harrow | |
| County or administrative area | | |
| Postcode | HA3 7QU | |
| * Country | United Kingdom | |
| Contact Details | , | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| | mple, what type of premises it is | |
| Restaurant | Inple, what type of premises it is | |
| Restaurant | | |

| Section 3 of 4 SUPERVISOR Full Name Of Proposed Designated Premises Supervisor | |
|--|-----|
| SUPERVISOR | |
| | |
| Full Name Of Proposed Designated Premises Supervisor | |
| | |
| * First name Aditya | |
| * Family name Nandal | |
| | |
| | |
| | |
| | |
| Personal licence number of | |
| proposed designated LN000013279 premises supervisor | |
| | |
| Issuing authority of that licence LB Ealing | |
| Full Name Of Evisting Designated Promises Supervisor | |
| Full Name Of Existing Designated Premises Supervisor | |
| First name Subash Narsingh | |
| Family name Rayamajhi | |
| * Would you like this application to have immediate effect under section 38 of the Licensing Act 2003? | |
| YesNo | |
| * Will the premises licence or relevant part of it be submitted with this application? | |
| YesNo | |
| 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 the proposed designated premises | ask |
| form (if known) supervisor for its 'system reference' or 'yo reference' | ur |
| 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 | |
| DECLARATION | |

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|--|---|--|--|--|--|
| I/we understand it is an offen statement in or in connection | ce, liable on conviction to a fine under section in with this application | 158 of the licensing act 2003, to make a false | | | |
| 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 LE | AVE OR WHO IS SUBJECT TO CONDITIONS AS | | | |
| | ABLE TO A CIVIL PENALTY UNDER SECTION 15 C , PURSUANT TO SECTION 21 OF THE SAME ACT, | • | | | |
| THEY DO SO IN THE KNOWLE | DGE, OR WITH REASONABLE CAUSE TO BELIEVE | , THAT THE EMPLOYEE IS DISQUALIFIED. | | | |
| ☐ Ticking this box indicate | es you have read and understood the above de | claration | | | |
| This section should be completed behalf of the applicant?" | ted by the applicant, unless you answered "Yes | to the question "Are you an agent acting on | | | |
| * Full name | Puthrasingam | | | | |
| * Capacity | Sivashankar | | | | |
| * Date | 02 / 03 / 2019 | | | | |
| | dd mm yyyy | | | | |
| | Remove this signatory | | | | |
| | Add another signatory | | | | |
| OFFICE USE ONLY | | | | | |
| | | | | | |
| Applicant reference number | CDL/60PEEL/2019 | | | | |
| 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

Aditya Nandal [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 Variation of DPS [type of application] by Aditya Nandal [name of applicant] ADITYA NANDAZ relating to a premises licence [number of existing licence, if any] for Masala Gallery 60 Peel Road Wealdstone HA3 7QU [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 Aditya Nandal (name of applicant) concerning the supply of alcohol at Masala Gallery 60 Peel Road Wealdstone

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

Personal licence number

LN 0000 13279

[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]

ADITYA NANDAL

Name (please print)

114/02/2019

Date