Harreacouncil	individu	tion to vary a premises licence to specify an Jal as designated premises supervisor Ig Act 2003	For help contact licensing pharrow.gov.uk Telephone: 020 8901 2600
		B. (1997) - 1	* required informatio
Section 1 of 4			
You can save the for	rm at any f	time and resume it later. You do not need to b	e 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		CMC/PREM/LON117/37	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			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		Premier Inn Hotels Limited	
* Family name		same as above	
* E-mail			
Main telephone nur	nber		Include country code.
Other telephone nu	mber		
Indicate here	if the appl	icant would prefer not to be contacted by tele	phone
Is the applicant:			
Applying as a	Applying as a business or organisation, including as a sole trader		A sole trader is a business owned by one
Applying as an individual			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 b registered in the UK Companies House?	usiness	(● Yes ( No	
* Registration number		5137608	
* Business name		Premier Inn Hotels Limited	If the applicant's business is registered, use its registered name.
* VAT number	GB	243292864	Put "none" if the applicant is not registered for VAT.
* Legal status		Private Limited Company	

BOROUGHOR

2 3 JUN 2015

Continued from previous page		
* Applicant's position in the business	N/A	]
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	Whitbread Court	]
* Street	Houghton Hall Business Park, Porz Avenue	]
District		]
* City or town	Dunstable	]
County or administrative area	Bedfordshire	]
* Postcode	LU5 5XE	
* Country	United Kingdom	]
Agent Details		
* First name	Charlotte	
* Family name	McCourt	]
* 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 busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual action	ng as an agent	person without any special regarstructure.
Agent Business		
* Is your business registered in the UK with Companies House?		
* Is your business registered outside the UK?		
* Business name	John Gaunt & Partners	If your business is registered, use its registered name.
* VAT number GB	651652147	Put "none" if you are not registered for VAT.
* Legal status	Partnership	

Continued from previous page		
* Your position in the business	Paralegal	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Business Address		If you have one, this should be your official
* Building number or name		address - that is an address required of you by law for receiving communications.
* 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 ap 2003.	oplication as the premises supervisor under
* Premises licence number	LN/00000999/2015/13	
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	London Edgware Premier Inn	
* Street	435 Burnt Oak Broadway	
District		
* City or town	Edgware	
County or administrative area	Middlesex	
Postcode	HA8 5AQ	
* 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		
Hotel		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Laszlo Zoltan	]
* Family name	Bleszkan	]
Personal licence number of proposed designated premises supervisor	2010/01041/LAPER	
Issuing authority of that licence	London Borough of Hammersmith & Fulham	]
Full Name Of Existing Design	nated Premises Supervisor	
First name	Sajid Abdul Kadar	
Family name	Memon	]
* Would you like this application the Licensing Act 2003?	* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?	
← Yes	No	
* Date you would like this application to have effect under section 38 of the Licensing Act 2003	01 / 07 / 2015 dd mm yyyy	
* Will the premises licence or reapplication?	elevant part of it be submitted with this	
Yes	C No	
How will the consent form of the supplied to the authority?	he proposed designated premises supervisor	
← Electronically, by the pro	posed designated premises supervisor	
<ul> <li>As an attachment to this</li> </ul>	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		

Continued from previous page		
DECLARATION		
<ul> <li>I/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.</li> <li>Ticking this box indicates you have read and understood the above declaration</li> </ul>		
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	John Gaunt & Partners	
* Capacity	Solicitor to the Applicant	
* Date	23 / 06 / 2015 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	CMC/PREM/LON117/37	
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 1 2 3 4 Next >		

I,

## Schedule 11 Consent of individual to being specified as premises supervisor

LASSLO ZOLTAN BLESZHAN

{full name of prospective premises supervisor}

•	
of	***************************************
***********	
{home ad	dress of prospective premises supervisor}
for variati	onfirm that I give my consent to be specified as the designated premises supervisor in relation to the application on of the premises licence by
	PREMIER INN HOTELS LIMITED
{name(s)	of premises licensee}
	a premises licence for
	I'LENUER INN LONDON EDGWAILE
	435 BURNT OAK BRADWAY
	EDGWARE HA & 5AQ
{name ar	nd address of premises to which the application relates}
and any p	premises licence to be granted or varied in respect of this application made by
	PREMIER INN HOTELS LIMITED
{name(s)	) of premises licensee}
	ng the supply of alcohol at
	PREMIER INN LONDON EDGWARE 435 BURNT OAN BRUADWAY
*********	EDGWALE HAS 5A O
{name a	nd address of premises to which application relates).
I also co	nfirm that I am applying for, intend to apply for or currently hold a personal licence.
	Licence number: 2010/01041/LAPEQ Licence Issuing authority: LONDON BODOUGH OF HAMMERCHITH & FOLHAM
(Incost (	anne and address and telephone number of personal licensing issuing authority, if any}
Name ( Datedı.	please print):

GH OF HAR 2 3 JUN 2015 **"UNITY SAF**