

* 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

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?

- 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

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

- Indicate here if you would prefer not to be contacted by telephone

Are you:








- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name		<input type="text"/>
* Street		<input type="text"/>
District		<input type="text"/>
* City or town		<input type="text"/>
County or administrative area		<input type="text"/>
* Postcode		<input type="text"/>
* Country		<input type="text"/>

The information given here will be saved and will be pre-filled in future forms.

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

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Address

* Building number or name	<input type="text" value="Harrow St Marys Cricket Club"/>
* Street	<input type="text" value="headstone lane"/>
District	<input type="text"/>
* City or town	<input type="text" value="london"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="ha2 6nf"/>
* Country	<input type="text" value="United Kingdom"/>

Contact Details

E-mail		<input type="text"/>
Telephone number		<input type="text"/>
Other telephone number		<input type="text"/>

Describe the premises. For example, what type of premises it is

Continued from previous page...

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

- Yes No

* Will the premises licence or relevant part of it be submitted with this application?

- Yes No

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 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

ATTACHMENTS

- Premises plan
 Consent form of DPS

AUTHORITY POSTAL ADDRESS

Continued from previous page...

Address

Building number or name	FREEPOST HA4 343
Street	PO Box 18
District	Civic Centre, Station Road
City or town	line4
County or administrative area	
Postcode	HA1 2XY
Country	Middlesex

DECLARATION

* 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.

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?"

Signature Of Applicant Or Applicant's Solicitor

* Full name	
* Capacity	
Date (dd/mm/yyyy)	

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor

* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Remove this signatory

Add another signatory

* required information

Section 1 of 3

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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

* Family name

* E-mail

Main telephone number

include country code.

Other telephone number

- Indicate here if you would

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Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name

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* City or town

County or administrative area

* Postcode

* Country

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Section 2 of 3

CONSENT

Name Of Proposed Premises Supervisor

* First name

* Family name

Address Of Proposed Premises Supervisor

* Building number or name

* Street

District

* City or town

County or administrative are

Postcode

* Country

I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the following application, and any premises licence to be granted or varied in respect of this application concerning the supply of alcohol at the premises

* Type of application For instance 'Application for a premises licence' or 'Variation of a premises licence'

Is the application or variation that this consent is being submitted in connection with being supplied electronically to the authority

Yes No Don't know

Reference number of electronic application (if known) If the application or variation form is already submitted, ask its applicant for the form's 'system reference' or 'your reference'.

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Premises Licence Holder

* Name

Address Of Premises

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

Premises

Premise licence number

* Name of premises

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 number

Personal licence issuing authority name

Address Of Personal Licence Issuing Authority

Building number or name

Street

District

City or town

County or administrative area

Postcode

Contact Details Of Personal Licence Issuing Authority

Telephone number

Section 3 of 3

DECLARATION

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Ticking this box indicates you have read and understood the above declaration

Continued from previous page...

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 (dd/mm/yyyy)

Add another signatory