

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 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	TT/LON117	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
YesN	No	work for.
Applicant Details		
* First name	Premier Inn Hotels Limited	
* Family name	as above	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the appl	icant would prefer not to be contacted by telep	hone
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.
 Applying as an individual 	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	Note: completing the Applicant Business section is optional in this form.
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	

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	
District	Porz Avenue	
City or town	Dunstable	
County or administrative area		
Postcode	LU5 5XE	
Country	United Kingdom	
Agent Details		
* First name	Tornike	
* Family name	Tedoradze	
* 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 actir	ng as an agent	person minourum, speciumegunstructurer
Agent Business		
Is your business registered in the UK with Companies House?	○ Yes	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	○ Yes	
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	Omega Court	address - that is an address required of you by law for receiving communications.
Street	372 Cemetery Road	
District		
City or town	Sheffield	
County or administrative area		
Postcode	S11 8FT	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this a 2003.	application as the premises supervisor under
* Premises licence number	LN/00000999/2018/19	
Are you able to provide a posta	al address, OS map reference or description of	the premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	Premier Inn	
* Street	435 Burnt Oak Broadway	
District		
* City or town	Edgware	
County or administrative area		
Postcode	HA8 5AQ	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

Continued from previous page		
Hotel		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Raman	
* Family name	Julka	
Personal licence number of proposed designated premises supervisor	07RJ-00AQ-3JFP-HWJC	
Issuing authority of that		
licence	London Borough of Harrow	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Nithin	
Family name	Shetty	
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		The premises licence holder can continue the supply of alcohol if, for example, the
Yes	○ No	existing premises supervisor is suddenly indisposed or unable to work.
☑ I will notify the existin	g premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or rapplication?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of to be supplied to the authority?	he proposed designated premises supervisor	
C Electronically, by the pro	posed designated premises supervisor	
As an attachment to this	variation	

Continued from previous page	Reference number for consent form (if known)	
If the consent form is already so the proposed designated prem supervisor for its 'system refere reference'	nises	
Section 4 of 4		
PAYMENT DETAILS		
This fee must be paid to the au	uthority. If you complete the application online, you must pay it by debit or credit o	ard.
This formality requires a fixed for	fee of £23	
ATTACHMENTS		
AUTHORITY POSTAL ADDRES	SS	
Address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
DECLARATION		
* I/we understand it is an offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false statement in or in connection with this application. 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 PARTNERSHIP, BUT NOT COMPANIES OR 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 LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. 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		

Continued from previous page	
Date (dd/mm/yyyy)	
Joint Applicants, Signature C	of Second Applicant Or Second Applicants Solicitor
Full name	
Capacity	
Date (dd/mm/yyyy)	
	Remove this signatory
	Add another signatory

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

i. Raman Julka of hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for variation of the premises licence by Premier Inn Hotels Limited relating to a premises licence LN/000000999/2018/19 for the Landon Edgware Premier Inn. 435 Burnt Oak Broadway, Edgware, HAS 5AQ and any premises licence to be granted or varied in respect of this application made by concerning the supply of alcohol at the London Edgware Premier Inn, 435 Burnt Oak Broadway, Edgware, HA8 5AQ 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 below. Personal Licence number 07RJ-00AQ-33FP-HWJC..... Personal Licence issuing authority: Landon Borough of Harrow Mobile/contact telephone number: PAMAN JULIA signed: Name (please print):