

Harrow

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

For help contact

licensing@harrow.gov.uk

Telephone: 020 8901 2600

* required information

Section 1 of 4	y 7 - 3		
	n 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		ATO - VDPS - Harrow	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		Stonegate Pub Company Limited	
* Family name		Stonegate Pub Company Limited	
* E-mail		licensing@stonegatepubs.com	
Main telephone num	ber		Include country code.
Other telephone num	nber		
☐ Indicate here if	the app	licant would prefer not to be contacted by te	lephone
Is the applicant:			
 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 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 busi registered in the UK v Companies House?			Note: completing the Applicant Business section is optional in this form.
Registration number		FC029833	
Business name		Stonegate Pub Company Limited	If the applicant's business is registered, use its registered name.
VAT number	GB	101562168	Put "none" if the applicant is not registered for VAT.
Legal status		Private Limited Company	

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Applicant's position in the		1
business	Premises Licence Holder	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Porter Tun House	
Street	500 Capability Green]
District		
City or town	Luton	
County or administrative area		
Postcode	LU1 3LS	
Country	United Kingdom	
Agent Details		
* First name	Poppleston Allen Solicitors - Alex Tomlinson	
* Family name	Poppleston Allen Solicitors - Alex Tomlinson	
* E-mail	a.tomlinson@popall.co.uk	
Main telephone number	0115 9349 163	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.
C A private individual acti	ng as an agent	person without any special legal structure.
Agent Business		
Is your business registered in the UK with Companies House?	C Yes	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	← Yes	
Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.
VAT number GB	610752862	Put "none" if you are not registered for VAT.
Legal status	Partnership	

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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	Poppleston Allen Solicitors	address - that is an address required of you by law for receiving communications.
Street	37 Stoney Street	- 5
District	The Lace Market	
City or town	Nottingham	
County or administrative area		
Postcode	NG1 1LS	
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 ap 2003.	oplication as the premises supervisor under
* Premises licence number	LN/00000901/2018/22	
Are you able to provide a post.	al address, OS map reference or description of t	he premises?
	p reference C Description	
Address		
* Building number or name	The Harrow	
* Street	269 - 271 Station Road	
	269 - 271 Station Road	1
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA1 2TB	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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As existing.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	signated Premises Supervisor	
* First name	Hesham	
* Family пате	Badra	
	dd mm yyyy	
Personal licence number of	dd 11111 <u>7777</u>	
proposed designated	H01430	
premises supervisor		
Issuing authority of that		
licence	London Borough of Hounslow	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	David	
Family name	Hogg	
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the
Yes	C No	existing premises supervisor is suddenly indisposed or unable to work.
☑ I will notify the existin	ng 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 application?	relevant part of it be submitted with this	
C Yes	No	
* Reasons why the premises li	icence or relevant part of it will not be submitted v	with this application
	with council following previous application.	
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How will the consent form of t 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		
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 au	thority. If you complete the application online,	you must pay it by debit or credit card.	
This formality requires a fixed f	fee of £23		
DECLARATION		-	
I/we understand it is an offer statement in or in connection	nce, 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 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 indicat	es you have read and understood the above de	claration	
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	Poppleston Allen Solicitors		
* Capacity	Solicitors on behalf of applicant		
* Date	23 / 07 / 2018		
	dd mm yyyy Remove this signatory		
Full name			
Capacity			
* Date	dd mm yyyy		
	dd mm yyyy Remove this signatory		

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	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	ATO - VDPS - Harrow	
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		
1 2 3 4	Next >	

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

To be completed in block capitals

I Hesham Fawzy Badra of

hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a Variation of Designated Premises Supervisor by Stonegate Pub Company Limited relating to a Premises Licence *LN/000000901/2016/20* for The Harrow, 269-271 Station Rd, London, Harrow, Middlesex, HA1 2TB and any premises licence to be granted or varied in respect of this application made by Stonegate Pub Company Limited concerning the supply of alcohol at The Harrow, 269-271 Station Rd, London, Harrow HA1 2TB.

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:- H01430

Personal Licence Issuing Authority: London Borough of Hounslow

I hereby consent for my personal information to be disclosed to all relevant Responsible Authorities under the Licensing Act 2003 in respect of my appointment as Designated Premises Supervisor for the premises detailed above.

Name Printed

H. BADRA

Dated

25/07/18