

## 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

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 work for.  Applicant Details  * First name  Whitbread Group PLC  * Family name  as above  * E-mail  Main telephone number  Include country code.  Other telephone number  Indicate here if the applicant would prefer not to be contacted by telephone  Is the applicant:  A poplying as a business or organisation, including as a sole trader  Applying as an individual  A polying as an individual means the applicant is a pulying on your own behalf or on behalf or a business you own or work for.	Section 1 of 4		
your reference    TT/16107	You can save the form at any	time and resume it later. You do not need to	be logged in when you resume.
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* Family name  as above  * E-mail  Main telephone number  Other telephone number  Indicate here if the applicant would prefer not to be contacted by telephone  Is the applicant:  Applying as a business or organisation, including as a sole trader  Applying as an individual  Applying as an individual  Applying as an individual  As ole 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 reasor such as following a hobby.  Applicant Business  Is the applicant's business registered in the UK with Companies House?  Registration number  29423  Business name  Whitbread Group PLC  If the applicant's business is registered, use its registered name.  Put "none" if the applicant is not registered for VAT.	Applicant Details		
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Whitbread Group PLC  VAT number  GB  905218838  Whitbread Group PLC  its registered name.  Put "none" if the applicant is not registered for VAT.	Registration number	29423	
for VAT.	Business name	Whitbread Group PLC	
Legal status Public Limited Company	VAT number GB	905218838	• • • • • • • • • • • • • • • • • • • •
	Legal status	Public Limited Company	

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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:		
<ul><li>An agent that is a busine</li></ul>	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 minoutarly special regularitation
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		s application as the premises supervisor under
* Premises licence number	LN/000000881/2017/8	
Are you able to provide a posta	al address, OS map reference or description	of the premises?
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description	
Address		
* Building number or name	Travellers Rest - Kenton	
* Street	Kenton Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA3 8AT	
* Country	United Kingdom	
<b>Contact Details</b>		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

C		
Continued from previous page	•	
Public House		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Nicoleta	
* Family name	Lichi	
	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	08NL-00AQ-MB97-4P7Y	
Issuing authority of that licence	Harrow	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Ricardo Anthony	
Family name	De Kauwe	
* 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
<ul><li>Yes</li></ul>	○ No	existing premises supervisor is suddenly indisposed or unable to work.
I will notify the existing	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 application?	relevant part of it be submitted with this	
<ul><li>Yes</li></ul>	○ No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
C Electronically, by the pro	pposed designated premises supervisor	
<ul><li>As an attachment to this</li></ul>	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'	ises
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 for	ee of £23
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	s
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
statement in or in connection I/WE UNDERSTAND THAT IT IS STATEMENT IN OR IN CONNECT SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS I PARTNERSHIPS] IT IS AN OFFE THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND, THEY DO SO IN THE KNOWLEI  Ticking this box indicate	AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY INCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN WABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS ABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DOGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.  Les you have read and understood the above declaration  Led by the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the property o
* 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

NICOLETA LICHI
(full name of prospective supervisor)
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
WHITBREAD GROUP PLC relating to Premises Licence number $LN/000000881/2017/8$
for the THE TLAVELLERS LEST, KENTON ROAD, HAPPOW, MIDDLX, HAS (name and address of premises)
and any premises licence to be granted or varied in respect of this application made by
WHITBREAD GROUP PLC
concerning the supply of alcohol at the THE TRANELLERS REST, KENTON LOAD HARROW, MILDX, HAS AT (name and address of premises).
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.
Personal Licence number: 08NL-00AQ-MB94-4P71
Personal Licence issuing authority: HARROW
Signed:
Name (please print): NiColETA LiCHI
Dated: 08 10 H 2019