

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

			required informatio
Section 1 of 4			
You can save the for	m 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/16107	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 act	ing on b	ehalf of the applicant?	Put "no" if you are applying on your own
Yes	(No	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 num	ber		include country code.
Other telephone nur	nber		
☐ Indicate here i	f the app	licant would prefer not to be contacted by te	lephone
Is the applicant:			
Applying as a lApplying as an		or organisation, including as a sole trader ral	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 bus registered in the UK Companies House?			Note: completing the Applicant Business section is optional in this form.
Registration number		29423	
Business name		Whitbread Group PLC	If the applicant's business is registered, use its registered name.
VAT number	GB	905218838	Put "none" if the applicant is not registered for VAT.
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	
4		
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:		
	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	
Agent Business Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	← Yes ← No	
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	

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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	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 ap 2003.	oplication 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 t	he premises?
	p reference C 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	
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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Public House		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Lisa	
* Family name	Brydon	
	n-materials remain.	
Personal licence number of proposed designated	DAC006757	
premises supervisor	DAC000737	
Issuing authority of that		
licence	Dacorum Borough Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Nicoleta	
Family name	Lichi	
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
	C No	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 r application?	relevant part of it be submitted with this	
← Yes	No	
* Reasons why the premises lie	cence or relevant part of it will not be submitted v	with this application
Premises Licence is awaited fr	om the council following the previous DPS Variat	ion.

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How will the consent form of to be supplied to the authority?	he proposed designated premises supervis	or
C Electronically, by the pro	posed designated premises supervisor	
 As an attachment to this 	variation	
		If the consent form is already submitted, ask
Reference number for consent form (if known)		the proposed designated premises
TOTAL (II KILOWA)		supervisor for its 'system reference' or 'your reference'
Section 4 of 4		
PAYMENT DETAILS		
This fee must be paid to the au	uthority. If you complete the application onl	ine, you must pay it by debit or credit card.
This formality requires a fixed f		
DECLARATION	_	
		ion 158 of the licensing act 2003, to make a false
statement in or in connection		
	S AN OFFENCE, UNDER SECTION 158 OF THE CTION WITH THIS APPLICATION THOSE WH	E LICENSING ACT 2003, TO MAKE A FALSE IO MAKE A FALSE STATEMENT MAY BE LIABLE ON
SUMMARY CONVICTION TO A	A FINE OF ANY AMOUNT. [APPLICABLE TO IN	IDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE
IN A PARTNERSHIP WHICH IS	NOT A LIMITED LIABILITY PARTNERSHIP, BU	IT NOT COMPANIES OR LIMITED LIABILITY
		ATION ACT 1971] FOR A PERSON TO WORK WHEN DISQUALIFIED FROM DOING SO BY REASON OF
THEIR IMMIGRATION STATUS	. THOSE WHO EMPLOY AN ADULT WITHOU	T LEAVE OR WHO IS SUBJECT TO CONDITIONS AS
TO EMPLOYMENT WILL BE LIA	ABLE TO A CIVIL PENALTY UNDER SECTION	15 OF THE IMMIGRATION, ASYLUM AND
		ACT, WILL BE COMMITTING AN OFFENCE WHERE IEVE, THAT THE EMPLOYEE IS DISQUALIFIED.
		3
☐ Ticking this box indicate	es you have read and understood the abov	e declaration
This section should be complete	ted by the applicant, unless you answered "	Yes" to the question "Are you an agent acting on
behalf of the applicant?"		• • • • • • • • • • • • • • • • • • • •
* Full name	John Gaunt & Partners	
* Capacity	Solicitors for the applicant	
* Date	04 / 09 / 2019	
	dd mm yyyy	
	Remove this signatory	
70.0		
Full name		
Capacity		
* Date	dd mm yyyy	_
	Remove this signatory	
		

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	Add another signatory	
OFFICE USE ONLY		
A It A f	T-14-61-07	
Applicant reference number	TT/16107	
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

LISA Brycon
(full name of prospective premises supervisor)
(home address of prospective premises supervisor)
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 a premises licence LN/000000881/2017/8
for the Travellers Rest - Kenton, Kenton Road, Harrow, HA3 8AT
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 Travellers Rest - Kenton , Kenton Road , Harrow , HA3 8AT
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 DACO06757
Personal Licence issuing authority Docorum

Signed
Name (please print): L Brydo)
Date: 4/9/191