

Harrow

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

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0 3 JAN 2020

For help contact

TIME:

licensing@harrow.gov.uk Telephone: 020 8901 2600

* required information

Section 1 of 4		
You can save the form at an	y time and resume it later. You do not need to b	pe 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	VDPS APP - O'Neill's Harrow - TCO	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 I	hehalf 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	Mitchells & Butlers Leisure Retail Limited	
* Family name	Mitchells & Butlers Leisure Retail Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if the ap	plicant would prefer not to be contacted by tel	ephone
Is the applicant:		the state of the s
 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 business registered in the UK with Companies House?	(Yes No	Note: completing the Applicant Business section is optional in this form.
Registration number	01001181	
Business name	Mitchells & Butlers Leisure Retail Limited	If the applicant's business is registered, use its registered name.
VAT number GB	4551498	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

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Applicant's position in the		
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	27	
Street	Fleet Street	
District		
City or town	Birmingham	
County or administrative area		
Postcode	B3 1JP	
Country	United Kingdom	
Agent Details		
* First name	Poppleston Allen - Tonya Cooper	
* Family name	Poppleston Allen - Tonya Cooper	
* 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.
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 © No	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	○ Yes	
Business name	Poppleston Allen	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 address - that is an address required of you
Building number or name	37	by law for receiving communications.
Street	Stoney Street	
District		
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	cence to specify the individual named in this a 2003.	pplication as the premises supervisor under
* Premises licence number	LN/000000751/2019/15	
Are you able to provide a posta	al address, OS map reference or description of t	the premises?
	p reference C Description	
Address		
* Building number or name	O'Neill's	
* Street	335-339 Station Road	
District		
* City or town	Harrow	
County or administrative area	Middlesex	
Postcode	HA1 2AA	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example 1	mple, what type of premises it is	

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Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Designated Pre	emises Supervisor	
* First name Luke		
* Family name Tamplin		
	mm yyyy	
Personal licence number of proposed designated NCE-15-00	507	
premises supervisor	502	
Issuing authority of that		
licence Newport (City Council	
Full Name Of Existing Designated Prem	nises Supervisor	
First name Grainne		
Family name Whelan		
		The promises ligance helder one continue
* Would you like this application to have it the Licensing Act 2003?	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
Yes No		indisposed or unable to work.
☑ I will notify the existing 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 relevant par application?	t of it be submitted with this	
C Yes		
* Reasons why the premises licence or rel	evant part of it will not be submitted v	with this application
The original Premises licence will follow v		11
	1. ****	

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How will the consent form of to be supplied to the authority?	the 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	uthority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed	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 on with this application.	158 of the licensing act 2003, to make a false
STATEMENT IN OR IN CONNE SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFF THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE	IS AN OFFENCE, UNDER SECTION 158 OF THE LIC ECTION WITH THIS APPLICATION. THOSE WHO M A FINE OF ANY AMOUNT. {APPLICABLE TO INDIV NOT A LIMITED LIABILITY PARTNERSHIP, BUT NO ENCE UNDER SECTION 24B OF THE IMMIGRATIO ONABLE CAUSE TO BELIEVE, THAT THEY ARE DIS 5. THOSE WHO EMPLOY AN ADULT WITHOUT LEA ABLE TO A CIVIL PENALTY UNDER SECTION 15 O O, PURSUANT TO SECTION 21 OF THE SAME ACT, EDGE, OR WITH REASONABLE CAUSE TO BELIEVE tes you have read and understood the above de	MAKE A FALSE STATEMENT MAY BE LIABLE ON MIDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY ON ACT 1971] FOR A PERSON TO WORK WHEN EQUALIFIED FROM DOING SO BY REASON OF AVE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE E, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes"	' to the question "Are you an agent acting on
* Full name	Poppleston Allen	
* Capacity	Solicitors for the applicant	
* Date	03 / 01 / 2020 dd mm yyyy	
	Remove this signatory	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory	
		,

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	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	VDPS APP - O'Neill's Harrow - TCO	
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		
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