

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

For help contact licensing@peterborough.gov.uk Telephone: 01733 747474

\* required information

| Section 1 of 4  |  |   |  |
|---|--|---|--|
| You can save the form at any t  | ime and resume it later. You do not need to be l | ogged in when you resume.   |  |
| System reference  | Not Currently In Use                             | This is the unique reference for this application generated by the system.  |  |
| Your reference  | EMF/32991/309/RPB                                | 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<br>behalf or on behalf of a business you own or  |  |
| • Yes O M   | lo   | work for.   |  |
| Applicant Details   |  |   |  |
| * First name  | RONTEC WATFORD LIMITED                           |   |  |
| * Family name   | RONTEC WATFORD LIMITED                           |   |  |
| * E-mail  |  |   |  |
| Main telephone number   |  | Include country code.   |  |
| Other telephone number  |  |   |  |
| ☐ Indicate here if the appl   | icant would prefer not to be contacted by telepl | hone  |  |
| Is the applicant:   |  |   |  |
| Applying as a business of the second seco | or organisation, including as a sole trader      | A sole trader is a business owned by one  |  |
| <ul> <li>Applying as an individual</li> </ul>   | al   | person without any special legal structure.<br>Applying as an individual means the<br>applicant is applying so the applicant can be<br>employed, or for some other personal reason,<br>such as following a hobby. |  |
| Applicant Business  |  |   |  |
| Is the applicant's business<br>registered in the UK with<br>Companies House?  | ○ Yes  | Note: completing the Applicant Business section is optional in this form.   |  |
| Is the applicant's business registered outside the UK?  | Yes O No   |   |  |
| Commercial register   |  |   |  |
|   |  |   |  |
|   |  | its registered name.  |  |
|   |  |   |  |
|   |  |   |  |

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|---|--|---|
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|   |  |   |
|   |  | ]   |
|   |  |   |
|   |  | headquarters are.   |
| Registered Business Addres                                  | s  | Address for the applicant's business that                                 |
| Building number or name                                     |  | appears on the commercial register.                                       |
| Street  |  |   |
| District  |  |   |
| City or town  |  |   |
| County or administrative are                                |  |   |
| Postcode  |  |   |
| Country   | L  |   |
|   |  |   |
| Agent Details   |  |   |
| * First name  | WINCKWORTH SHERWOOD LLP                      | ]   |
| * Family name   | WINCKWORTH SHERWOOD LLP                      | ]   |
| * E-mail  |  |   |
|   |  | Include country code.   |
| Other telephone number                                      |  |   |
| 🔲 Indicate here if you wou                                  | uld prefer not to be contacted by telephone  |   |
| Are you:  |  |   |
| <ul> <li>An agent that is a busin</li> </ul>                | ess or organisation, including a sole trader | A sole trader is a business owned by one                                  |
| <ul> <li>A private individual acti</li> </ul>               | ing as an agent                              | person without any special legal structure.                               |
| Agent Business  |  |   |
| Is your business registered in the UK with Companies House? |  | Note: completing the Applicant Business section is optional in this form. |
| Registration number   |  |   |
| Business name   |  | your business is registered, use its gistered name.                       |
| VAT number GB   |  | ut "none" if you are not registered for VAT.                              |

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|--|--|---|
| Legal status   |  |   |
| Your position in the busin                                       |  |   |
| Home country   |  | e country where the headquarters of your siness is located. |
| Agent Registered Addre   |  | dress registered with Companies House.                      |
| Building number or name  |  |   |
| Street   |  |   |
| District   |  |   |
| City or town   |  |   |
| County or administrative a                                       |  |   |
| Postcode   |  |   |
| Country  |  |   |
|  |  |   |
| 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 applic 2003. | cation as the premises supervisor under                     |
| * Premises licence number  | 073845   |   |
| Are you able to provide a posta                                  | al address, OS map reference or description of the p       | premises?   |
| Address O S ma   | p reference O Description                                  |   |
| Address  |  |   |
| * Building number or name  | WANSFORD SERVICE STATION                                   |   |
| * Street   | A47  |   |
| District   |  |   |
| * City or town   | NENE   |   |
| County or administrative area                                    |  |   |
| Postcode   | PE8 6LB  |   |
| * Country  | United Kingdom   |   |

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|--|---|--|
| Contact Details  |   |  |
| E-mail   |   |  |
| Telephone number   |   |  |
| Other telephone number   |   |  |
| Describe the premises. For exa   | mple, what type of premises it is         |  |
| A petrol forecourt store   |   |  |
|  |   |  |
|  |   |  |
| Section 3 of 4   |   |  |
| SUPERVISOR   |   |  |
| Full Name Of Proposed Desig  | gnated Premises Supervisor                |  |
| * First name   | PIRATHEEBAN                               |  |
| * Family name  | PUSHPALINGAM                              |  |
| * Nationality  |   |  |
| * Place of birth   |   |  |
| * Date of birth  |   |  |
| Personal licence number<br>proposed designated<br>premises supervisor                                  |   |  |
| Issuing authority of that licence  |   |  |
| Full Name Of Existing Des  |   |  |
| First name   | MOHAMED FAYAS                             |  |
| Family name  | ATHAMBAWA                                 |  |
| * Would you like this application to have immediate effect under section 38 of the Licensing Act 2003? |   | The premises licence holder can continue<br>the supply of alcohol if, for example, the<br>existing premises supervisor is suddenly                         |
| • Yes  | ⊖ No                                      | existing premises supervisor is suddenly indisposed or unable to work.   |
| existing premises supervisor (if any) or this application existing premises supervisor in writing      |   | It is sufficient for the licensee to inform the<br>existing premises supervisor in writing,<br>without sharing the specific details of the<br>application. |
| * Will the premises licence or reapplication?  | elevant part of it be submitted with this |  |
| • Yes  | ⊂ No                                      |  |

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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<br>form (if known)   |  | If the consent form is already submitted, ask<br>the proposed designated premises<br>supervisor for its 'system reference' or 'your<br>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 f   | fee of £23                                       |   |
| DECLARATION   |  |   |
| I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the<br>* licensing act 2003, to make a false statement in or in connection with this application. The DPS named in this application<br>form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a<br>licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate. |  |   |
| 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?"  |  |   |
| * Full name   |  |   |
| * Capacity  |  |   |
| * Date  |  |   |
|   | Remove this signatory                            |   |
|   | Add another signatory                            | ]   |

## OFFICE USE ONLY

| Applicant reference number                     | EMF/32991/309/RPB |  |
|--|-------------------|--|
| 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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