

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 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	
 Applying as an individual 	al	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	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.	

	l	
]
		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:		
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one
 A private individual acti 	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 proposed designated 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 the supply of alcohol if, for example, the 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 existing premises supervisor in writing, without sharing the specific details of the 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 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 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 * licensing act 2003, to make a false statement in or in connection with this application. The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a 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		
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >	