

Peterborough

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

For help contact

 $\underline{licensing@peterborough.gov.uk}$

Telephone: 01733453491

* required information

| Your reference TLV/39096/211 Your reference TLV/39096/211 Are you an agent acting on behalf of the applicant? Put beh | ed in when you resume. Is is the unique reference for this plication generated by the system. It can put what you want here to help you ck applications if you make lots of them. It passed to the authority. It "no" if you are applying on your own half or on behalf of a business you own or |
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| Your reference TLV/39096/211 Your reference TLV/39096/211 Are you an agent acting on behalf of the applicant? Your tracting on behalf of the applicant? Put behalf of the applicant? | plication generated by the system. u can put what you want here to help you ck applications if you make lots of them. It bassed to the authority. t "no" if you are applying on your own |
| Are you an agent acting on behalf of the applicant? Put beh wor | ck applications if you make lots of them. It bassed to the authority. t "no" if you are applying on your own |
| • Yes No wor | |
| • Yes 		 No 		 wor | riali di dii beriali di a busirless you dwii di |
| Applicant Details | work for. |
| | |
| * First name Motor Fuel Limited | |
| * Family name Motor Fuel Limited | |
| * E-mail | |
| Main telephone number Incl | lude country code. |
| Other telephone number | |
| ☐ Indicate here if the applicant would prefer not to be contacted by telephone | 9 |
| Is the applicant: | |
| Applying as an individual Applying as an individual apple em | ole trader is a business owned by one rson without any special legal structure. plying as an individual means the plicant is applying so the applicant can be aployed, or for some other personal reason, ch as following a hobby. |
| Applicant Business | |
| • • | te: completing the Applicant Business ction is optional in this form. |
| Registration number 05206547 | |
| Dusings and many | he applicant's business is registered, use registered name. |
| VALUUIIDGI I- LIMA | t "none" if the applicant is not registered VAT. |
| Legal status Private Limited Company | |

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| Continued from previous page | • | |
| Applicant's position in the business | Legal Team | |
| Home country | United Kingdom | The country where the applicant's headquarters are. |
| Registered Address | | Address registered with Companies House. |
| Building number or name | | |
| Street | | |
| District | | |
| City or town | | |
| County or administrative ar | | |
| Postcode | | |
| Country | | |
| | | |
| Agent Details | | |
| * First name | | |
| * Family name | | |
| * E-mail | | |
| Main telephone number | | lude country code. |
| Other telephone numbe | | |
| ☐ 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 person without any special legal structure. |
| 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? | YesNo | Note: completing the Applicant Business section is optional in this form. |
| Registration number | | |
| Business name | | registered, use its |
| VAT number - | | re not registered for VAT. |
| Legal status | | |
| | | |
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| Continued from previous page | |
|--|--|
| Your position in the business | |
| Home country | country where the headquarters of your ness is located. |
| Agent Registered Address | ress registered with Companies House. |
| Building number or name | |
| Street | |
| District | |
| City or town | |
| County or administrative area | |
| 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 application as the premises supervisor under 2003. |
| * Premises licence number | 076205 |
| Are you able to provide a posta | al address, OS map reference or description of the premises? |
| AddressOS maj | p reference O Description |
| Address | |
| * Building number or name | Kingfisher Service Station |
| * Street | 218-226 Lincoln Road |
| District | |
| * City or town | Peterborough |
| County or administrative area | |
| Postcode | PE1 2NE |
| * 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 |

| Continued from previous page | | |
|---|---|---|
| A petrol forecourt store. | | |
| Section 3 of 4 | | |
| SUPERVISOR | | |
| Full Name Of Proposed Des | ignated Premises Supervisor | |
| * First name | Sivasankar | |
| * Family name | Murugaiyan | |
| * Nationality | | |
| * Place of birth | | |
| * Date of birth | | |
| Personal licence number of proposed designated premises supervisor | | |
| Issuing authority of that licence | | |
| Full Name Of Existing Desig | nated Premises Supervisor | |
| First name | | |
| Family name | | |
| * Would you like this applicat the Licensing Act 2003? | tion 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 |
| Yes | ○ No | indisposed or unable to work. |
| ☑ I will notify the existing | ng 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 | |
| ○ Yes | No | |
| * Reasons why the premises licence or relevant part of it will not be submitted with this application | | |
| Due to Coronavirus and working from home I do not have access to the original premises licence. | | |
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| Continued from previous page | | |
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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) | i | 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 | | |
| licensing act 2003, to make a form is entitled to work in the licensable activity) and I have | nce, liable on conviction to a fine up to level 5 o false statement in or in connection with this ap e UK (and is not subject to conditions preventing e seen a copy of his or her proof of entitlement | oplication. The DPS named in this application ag him or her from doing work relating to a |
| ☐ Ticking this box indicat | tes you have read and understood the above de | eclaration |
| This section should be comple behalf of the applicant?" | ted by the applicant, unless you answered "Yes | " to the question "Are you an agent acting on |
| * Full name | | |
| * Capacity | | |
| * Date | | |
| | Remove this signatory | |
| Full name | | |
| Capacity | | |
| * Date | dd mm yyyy Remove this signatory | |
| | Add another signatory | |

| OFFICE USE ONLY | | |
|----------------------------|---------------|--|
| | | |
| Applicant reference number | TLV/39096/211 | |
| 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 > | |