

## Section 1 of 4

You can save the form 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

JS/PAR121/23

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?

☒ Yes ☐ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

### Applicant Details

\* First name

Ability Hotels (Peterborough) Limited

\* Family name

\* E-mail

Main telephone number

Include country code.

Other telephone number

☐ Indicate here if the applicant is a sole trader

Is the applicant:

☒ 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

09286484

Business name

Ability Hotels (Peterborough) Limited

If the applicant's business is registered, use its registered name.

VAT number

GB

Put "none" if the applicant is not registered for VAT.

Legal status

Private Limited Company

*Continued from previous page...*

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

Hilton London Syon Park

Street

Syon Park

District

London Road

City or town

Brentford

County or administrative area

Middlesex

Postcode

TW8 8JF

Country

United Kingdom

**Agent Details**

\* First name

\* Family name

\* E-mail

Main telephone number

Other telephone number

Include country code.

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ An agent that is a business or organisation, including a sole trader
- ☐ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

**Agent Business**

Is your business registered in the UK with Companies House?

☐ Yes ☒ No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

☐ Yes ☒ No

Business name

VAT number

GB

Legal status

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

*Continued from previous page...*

Your position in the business

Home country

**Agent Business Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

The country where the headquarters of your business is located.

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

**Section 2 of 4**

**PREMISES DETAILS**

I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

\* Premises licence number

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address    ☐ OS map reference    ☐ Description

**Address**

\* Building number or name

\* Street

District

\* City or town

County or administrative area

Postcode

\* Country

**Contact Details**

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

*Continued from previous page...*

Hotel

### Section 3 of 4

#### SUPERVISOR

##### Full Name Of Proposed Designated Premises Supervisor

\* First name

Neil

\* Family name

Hamilton

\* Nationality

\* Place of birth

\* Date of birth

Personal licence number of  
proposed designated  
premises supervisor

Issuing authority of that  
licence

##### Full Name Of Existing Designated Premises Supervisor

First name

Nicholas

Family name

Hughes

\* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

☒ Yes ☐ No

\* Will the premises licence or relevant part of it be submitted with this application?

☒ Yes ☐ No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

☐ Electronically, by the proposed 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 authority. If you complete the application online, you must pay it by debit or credit card.

Continued from previous page...

This formality requires a fixed 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

Full name

Capacity

\* Date

 /  / 

dd

mm

yyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

Applicant reference number	JS/PAR121/23
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	<input type="checkbox"/>