

Peterborough

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

For help contact

<u>licensing@peterborough.gov.uk</u>

Telephone: 01733453491

* required information

Section 1 of 4		
You can save the form at any t	ime 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	RJT.JB 84773.15416	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
YesNo		behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	ASDA STORES LIMITED	
* Family name	ASDA STORES 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 tel	ephone
Is the applicant:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 		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?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	00464777	
Business name	ASDA STORES LIMITED	If the applicant's business is registered, use its registered name.
VAT number GB	36201792	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	LICENSING	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	ASDA HOUSE	
Street	SOUTHBANK	
District	GREAT WILSON STREET	
City or town	LEEDS	
County or administrative area		
Postcode	LS11 5AD	
Country	United Kingdom	
Agent Details		
* First name	GOSSCHALKS LLP	
* Family name	GOSSCHALKS LLP	
* 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.
 A private individual actir 	ng as an agent	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.
Registration number	OC431300	
Business name	GOSSCHALKS LLP	If your business is registered, use its registered name.
VAT number GB	433613472	Put "none" if you are not registered for VAT.
Legal status	Limited Liability Partnership	

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Your position in the business	LICENSING	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	GOSSCHALKS LLP	
Street	QUEENS GARDENS	
District		
City or town	HULL	
County or administrative area	E YORKSHIRE	
Postcode	HU1 3DZ	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act		in this application as the premises supervisor under
* Premises licence number	113755	
Are you able to provide a posta	al address, OS map reference or descri	otion of the premises?
	p reference O Description	·
Address		
* Building number or name	ASDA	
* Street	VIERSEN PLATZ	
District		
* City or town	PETERBOROUGH	
County or administrative area		
Postcode	PE1 1ET	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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SUPERMARKET		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	MARTIN	
* Family name	STENDALL	
* Nationality		
* Place of birth		
* Date of birth		
	dd mm yyyy	
Personal licence number of proposed designated	MANS 012684	
premises supervisor	W/ 1113 0 12004	
Issuing authority of that	MANICTIFLD	
licence	MANSFIELD	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	GEMMA	
Family name	CROSBY	
* 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	indisposed or unable to work.
☑ I will notify the existin	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	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
C Electronically, by the proposed designated premises supervisor		
 As an attachment to this 	svariation	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already s the proposed designated prem supervisor for its 'system refere reference'	nises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the au	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed f	ee of £23
DECLARATION	
licensing act 2003, to make a form is entitled to work in the licensable activity) and I have	ice, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application. The DPS named in this application e UK (and is not subject to conditions preventing him or her from doing work relating to a seen a copy of his or her proof of entitlement to work, if appropriate.
△ Hicking this box indicat	es you have read and understood the above declaration
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	GOSSCHALKS LLP
* Capacity	SOLICITORS FOR AND ON BEHALF OF THE APPLICANTS
* Date	16 / 09 / 2021
	dd mm yyyy
	Remove this signatory
Full name	
Capacity	
* Date	dd mm yyyy
	Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	RJT.JB 84773.15416	
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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