

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	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	Prezzo Peterborough (LG)	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 be	ehalf 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	Prezzo Trading Limited	
* Family name	Prezzo Trading Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the app	licant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a business or organisation, including as a sole traderApplying 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	13150050	
Business name	Prezzo Trading Limited	If the applicant's business is registered, use its registered name.
VAT number GB	not known	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	Premises Licence Holder	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	116	
Street	Upper Street	
District	Islington	
City or town	London	
County or administrative area		
Postcode	N1 1QP	
Country	United Kingdom	
Agent Details		
* First name	Poppleston Allen Solicitors - Lauren Garner	
* Family name	Poppleston Allen Solicitors - Lauren Garner	
* 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?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?		
Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.
VAT number GB	610752862	Put "none" if you are not registered for VAT.
Legal status	Partnership	

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		1
Your position in the business	Paralegal	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Business Address		If you have one, this should be your official
Building number or name	37	address - that is an address required of you by law for receiving communications.
Street	Stoney Street	
District		
City or town	Nottingham	
County or administrative area		
Postcode	NG1 1LS	
Country	United Kingdom	
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 a 2003.	pplication as the premises supervisor under
* Premises licence number	113308	
Are you able to provide a posta	al address, OS map reference or description of t	the premises?
	p reference O Description	
Address		
* Building number or name	Prezzo	
* Street		
	2 Cowgate]
District		
* City or town	Peterborough	
County or administrative area		
Postcode	PE1 1NA	
* 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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Licensed premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	ignated Premises Supervisor	
* First name	Mariusz	
* Family name	Pietrusewicz	
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor	PA1127	
Issuing authority of that licence	East Herts Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Lubica	
Family name	Paixao	
* 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
Yes	○ No	existing premises supervisor is suddenly 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	
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	s variation	

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	ithority. 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	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.
☐ Ticking this box indicat	es you have read and understood the above declaration
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Poppleston Allen Solicitors
* Capacity	Solicitors for and on behalf of the applicant
* Date	01 / 10 / 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	Prezzo Peterborough (LG)	
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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