

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: 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

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

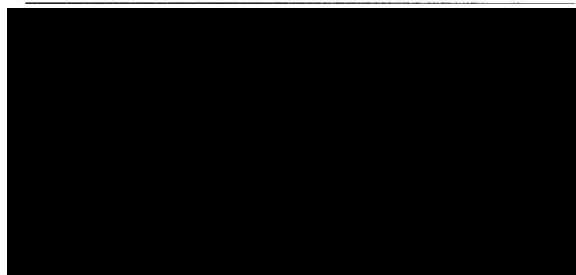
* First name

* 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:

☒ 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 you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House?

☒ Yes ☐ No

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

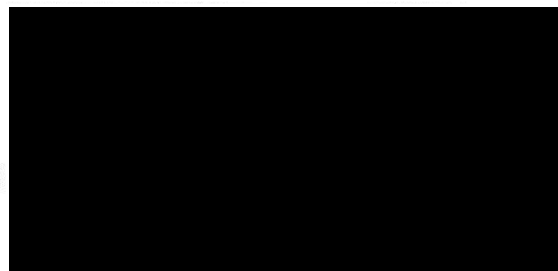
Registration number

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

the country where the headquarters of your business is located.

Registered Address

address 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 licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

* Premises licence number

~~076992~~ *New one*

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

THE WINDMILL

* Street

29 CHERRY ORTON ROAD

District

ORTON WATERVILLE

* City or town

PETERBOROUGH

County or administrative area

Postcode

PE2 5EQ

* Country

United Kingdom

Contact Details

E-mail

Telephone number

Other telephone number

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

Continued from previous page...

RESTAURANT AND BAR

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

BRIAN

* Family name

MCKAY

* 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

JULIA

Family name

GALEZOWSKA-CAMPBELL

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

☒ Yes ☐ No

☒ I will notify the existing premises supervisor (if any) of this application

* 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

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

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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.

This formality requires a fixed fee of £23

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

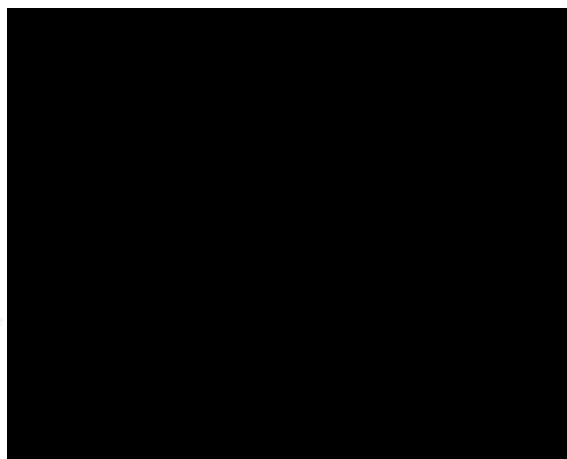
District

City or town

County or administrative area

Postcode

Country



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

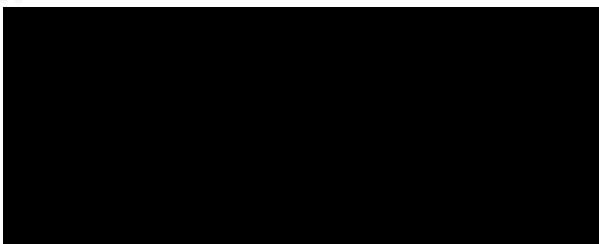
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
behalf of the applicant?"

Signature Of Applicant Or Applicant's Solicitor

* Full name

* Capacity

Date (dd/mm/yyyy)



Add another signatory

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 on behalf of the applicant?

Signature Of Applicant

* Full name

* Capacity

* Date

Question "Are you an agent acting on

Add another signatory