

## 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

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 b	ehalf of the applicant?	Put "no" if you are applying on your own
• Yes	No	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Rontec Watford Limited	
* Family name	Rontec Watford 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:		
<ul><li>Applying as a business</li></ul>	or organisation, including as a sole trader	A sole trader is a business owned by one
<ul> <li>Applying as an individual</li> </ul>	ual	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?		Note: completing the Applicant Business section is optional in this form.
Is the applicant's business registered outside the UK?	<ul><li>Yes</li><li>No</li></ul>	
Commercial register	Jersey	
Registration number	108486	
Business name	Rontec Watford Limited	If the applicant's business is registered, use its registered name.

Continued from previous	s page		
VAT number		NA	Put "none" if the applicant is not registered for VAT.
Legal status		Private Limited Company	
Applicant's position in business	the	Legal Team	
Home country		Jersey	The country where the applicant's headquarters are.
Registered Business A	Address		Address for the applicant's business that appears on the commercial register.
Building number or nar	me	26	appears on the commercial register.
Street		New Street	
District			
City or town		St Helier	
County or administrativ	ve area		
Postcode		JE2 3RA	
Country		Jersey	
Agent Details			
* First name		Andrew	
* Family name		Sanders	
* E-mail			
Main telephone number	er		Include country code.
Other telephone numb	oer		
☐ Indicate here if y	ou woul	d prefer not to be contacted by telephone	
Are you:			
<ul><li>An agent that is a</li></ul>	a busine	ss or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individu</li> </ul>	ual actin	g as an agent	parameter any operating a second
<b>Agent Business</b>			
Is your business registe the UK with Companies House?		• Yes   No	Note: completing the Applicant Business section is optional in this form.
Registration number		OC334359	
Business name		Winckworth Sherwood LLP	If your business is registered, use its registered name.
VAT number -		NA	Put "none" if you are not registered for VAT.

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Legal status	Limited Liability Partnership	
Your position in the business	Licensing Assistant	
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	Minerva House	
Street	5 Montague Close	
District		
City or town	London	
County or administrative area		
Postcode	SE1 9BB	
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 ap 2003.	oplication as the premises supervisor under
* Premises licence number	112138	
Are you able to provide a postal address, OS map reference or description of the premises?		
<ul> <li>Address</li> <li>OS map reference</li> <li>Description</li> </ul>		
<ul><li>Address</li><li>OS ma</li></ul>	·	he premises?
<ul><li>Address</li><li>OS map</li><li>Address</li></ul>	·	he premises?
	·	he premises?
Address	o reference O Description	he premises?
Address * Building number or name	Peterborough Service Station	he premises?
* Building number or name  * Street	Peterborough Service Station	he premises?
* Building number or name  * Street  District	Peterborough Service Station  Paston Parkway	he premises?
* Building number or name  * Street  District  * City or town	Peterborough Service Station  Paston Parkway	he premises?
* Building number or name  * Street  District  * City or town  County or administrative area	Peterborough Service Station  Paston Parkway  Peterborough	he premises?

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Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	imple, what type of premises it is	
A petrol forecourt store.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Design	gnated Premises Supervisor	
* First name	Sandeep	
* Family name	Parmar	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated	LN 112791	
premises supervisor	214 1 1 2 7 7 1	
Issuing authority of that	Peterborough	
licence	reterborough	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Kesavan	
Family name	Manoharan	
* 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
<ul><li>Yes</li></ul>	○ No	indisposed or unable to work.
I will notify the existin	g 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 rapplication?	elevant part of it be submitted with this	
<ul><li>Yes</li></ul>	○ No	

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How will the consent form of the supplied to the authority?	e proposed designated premises supervisor	
C Electronically, by the prop	osed designated premises supervisor	
<ul> <li>As an attachment to this v</li> </ul>	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 aut	chority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed for	ee of £23	
DECLARATION		
<ul> <li>licensing act 2003, to make a form is entitled to work in the licensable activity) and I have</li> <li>Ticking this box indicate</li> </ul>	ce, liable on conviction to a fine up to level 5 on false statement in or in connection with this apput (and is not subject to conditions preventing seen a copy of his or her proof of entitlement to es you have read and understood the above deducted by the applicant, unless you answered "Yes"	plication. The DPS named in this application g him or her from doing work relating to a o work, if appropriate. claration
* Full name	Winckworth Sherwood LLP	
* Capacity	Agent	
* Date	29 / 09 / 2022 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	AGS/32991/362	
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 >	