

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 t	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	Julia Polish Shop	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 behalf or on behalf of a business you own or work for.
Applicant Details		_
* First name	Dmytro	
* Family name	Apakitsa]
* E-mail		
Main telephone number		Include country code.
Other telephone number]
\boxtimes Indicate here if the appli	cant would prefer not to be contacted by telep	hone
Is the applicant:		
• Applying as a business or organisation, including as a sole trader		A sole trader is a business owned by one person without any special legal structure.
 Applying as an individua 	al	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 O No	Note: completing the Applicant Business section is optional in this form.
Registration number	09446116]
Business name	DJKW Limited	If the applicant's business is registered, use its registered name.
VAT number -	None	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	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	DHC Business Centre	
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
•		
Agent Details		
* First name	Manuel	
* Family name	Rocha	
* 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	p
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	
Business name	Rochaconsultancy	If your business is registered, use its registered name.
VAT number -	None	Put "none" if you are not registered for VAT.
Legal status	Sole Trader	

Continued from previous page			
Your position in the business	Owner		
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	Unit 35 Battersea Business Centre	address - that is an address required of you by law for receiving communications.	
Street	99-109 Lavender Hill		
District			
City or town	London		
County or administrative area			
Postcode	SW11 5QL		
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	116349		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
Address OS ma	o reference O Description		
Address			
* Building number or name	577		
* Street	Lincoln Road		
District			
* City or town	Peterborough		
County or administrative area			
Postcode	PE1 2PB		
* 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		
Its a Polish Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Sebastion	
* Family name	Piorkowsi	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence	Peterborough City Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Tomasz	
Family name	Kortyo	
* 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 existing 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 the proposed designated premises supervisor be supplied to the authority?		
 Electronically, by the proposed designated premises supervisor 		
As an attachment to this variation		

Continued from previous page	Reference number for consent	
If the consent form is already s		
the proposed designated pren		
supervisor for its 'system refere reference'	ence' or 'your	
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	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 ticensing 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 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	Manuel Rocha	
* Capacity	Agent	
* Date	18 / 01 / 2023	
	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	Julia Polish Shop	
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 <u>2</u> <u>3</u> <u>4</u>	Next >	