

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 be	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			
* Family name			
* E-mail			
Main telephone number		clude country code.	
Other telephone number			
Indicate here if the app	licant would prefer not to be contacted by tel	lephone	
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 individu 	Jal	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			
Business name		If the applicant's business is registered, use its registered name.	
VAT number -		Put "none" if the applicant is not registered for VAT.	
Legal status			

Continued from previous page			
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			
Street			
District			
City or town			
County or administrative area			
Postcode			
Country			
Agent Details			
* First name			
* Family name			
* 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 acting as an agent 			
Agent Business			
Is your business registered in the UK with Companies House?	Yes O No	Note: completing the Applicant Business section is optional in this form.	
Registration number			
Business name		If your business is registered, use its registered name.	
VAT number GB		Put "none" if you are not registered for VAT.	
Legal status			

Continued from previous page		
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		
Street		
District		
City or town		
County or administrative area	-	
Postcode		
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this ap 2003.	oplication as the premises supervisor under
* Premises licence number	118502	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address O S ma	p reference O Description	
Address		
* Building number or name	MCCOLLS	
* Street	182 GUNTHORPE ROAD	
District		
* City or town	PETERBOROUGH	
County or administrative area	CAMBRIDGESHIRE	
Postcode	PE4 7DS	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

Continued from	previous page
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CONVENIENCE STORE

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

	3				
* First name					
* Family name					
* Nationality					
* Place of birth					
* Date of birth	dd	mm	уууу		
Personal licence number of proposed designated premises supervisor					
Issuing authority of that licence					
Full Name Of Existing Desig	nated Prer	nises Sup	pervisor		
First name					
Family name					
* Would you like this applicati the Licensing Act 2003?	ion to have	immedia	te effect un	der section 38 of	T t
• Yes	O No				e iı
I will notify the existin	ng premises	supervis	or (if any) of	this application	li e

* Will the premises licence or relevant part of it be submitted with this application?

• Yes

O No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- \bigcirc $\;$ 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 ndisposed 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.

Continued from previous page	Reference number for consent		
If the consent form is already s	submitted, ask		
the proposed designated pren	nises		
supervisor for its 'system reference'	ence' or 'your		
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the au	uthority. If you complete the application online, you must pay it by debit or credit card.		
This formality requires a fixed	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 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?"			
* Full name			
* Capacity	SOLICITORS ON BEHALF OF APPLICANT		
* Date	07 / 02 / 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		
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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