

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		EC- Pizza Express Peterborough	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 act	ing on b	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or	
• Yes 🔿 No		No	work for.	
Applicant Details				
* First name		PizzaExpress Limited		
* Family name				
* E-mail				
Main telephone num	lber		Include country code.	
Other telephone nur	nber			
Indicate here if	f the app	licant would prefer not to be contacted b	y telephone	
Is the applicant:				
Applying as a k	ousiness	or organisation, including as a sole trader		
 Applying as an 	individu	ıal	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 bus registered in the UK Companies House?		Yes O No	Note: completing the Applicant Business section is optional in this form.	
Registration number		01404552		
Business name		PizzaExpress 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		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
-		
Agent Details		
* First name	Poppleston Allen Solicitors	
* Family name	Poppleston Allen Solicitors	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if you wou	Id 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 activity 	ng as an agent	
Agent Business		
Is your business registered in the UK with Companies House?	⊖ Yes	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	○ Yes	
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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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	-	address - that is an address required of you by law for receiving communications.
Street	-]
District	-]
City or town	-]
County or administrative are]
Postcode		
Country]
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 a 2003.	pplication as the premises supervisor under
* Premises licence number	112234]
Are you able to provide a post	al address, OS map reference or description of t	the premises?
Address	p reference O Description	
Address		
* Building number or name	PizzaExpress]
* Street	8 Cathedral Square]
District]
* City or town	Peterborough]
County or administrative area	Cambridgeshire]
Postcode	PE1 1XH	
* 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 Desi	gnated Premises Supervisor		
* First name	Donna		
* Family name	Barr		
* Nationality			
* Place of birth			
Dersonal license number of	dd mm yyyy		
Personal licence number of proposed designated premises supervisor	120909		
lssuing authority of that licence	Peterborough City Council		
Full Name Of Existing Design	nated Premises Supervisor		
First name	Kelly Marie		
Family name	Carter		
* 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 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 r application?	elevant 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		

	eference number for consent
If the consent form is already subr	nitted, ask
the proposed designated premise	25
supervisor for its 'system reference' reference'	e' or 'your
Section 4 of 4	
PAYMENT DETAILS	
	prity. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed fee	of £23
DECLARATION	
 licensing act 2003, to make a fals form is entitled to work in the UK 	liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the se statement in or in connection with this application. The DPS named in this application K (and is not subject to conditions preventing him or her from doing work relating to a en a copy of his or her proof of entitlement to work, if appropriate.
Icking this box indicates y	you have read and understood the above declaration
This section should be completed behalf of the applicant?"	by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	icant
* Date	
	Remove this signatory
Full name	
Capacity	
* Date	d mm yyyy
	Remove this signatory
	Add another signatory

OFFICE USE ONLY

Applicant reference number	EC- Pizza Express Peterborough	
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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