

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		
Section 1 of 4		
You can save the form at any	y 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	EM - Buzz Bingo 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 acting on k	pehalf of the applicant?	Put "no" if you are applying on your own
YesNo		behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Buzz Holdings Limited	
* Family name	Buzz Holdings Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the app	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a businessApplying as an individ	s or organisation, including as a sole trader ual	A sole trader is a business owned by one 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?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	08900740	
Business name	Buzz Holdings 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	

0		
Continued from previous page		
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	Unit 1	
Street	Castle Marina Road	
District		
City or town	Nottingham	
County or administrative area	NG7 1TN	
Postcode		
Country	United Kingdom	
Agent Details		
* First name		
* Family name		
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 action	ng as an agent	person without any special legal structure.
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?		
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	

O		
Continued from previous page		
Your position in the business	Licensing administrator	
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	37	address - that is an address required of you by law for receiving communications.
Street	Stoney Street	
District	The Lace Market	
City or town	Nottingham	
County or administrative area		
Postcode	NG1 1LS	
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	120489	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	Buzz Bingo	
* Street	Westfield Road	
District		
* City or town	Peterborough	
County or administrative area		
Postcode	PE3 9TA	
* 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		
Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Daniel	
* Family name	Shuttleworth	
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence		
Full Name Of Existing Design	nated Premises Supervisor	
First name	Jonathan Michael	
Family name	Hempstead	
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 of	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 application?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
Electronically, by the proposed designated premises supervisor		
 As an attachment to this 	svariation	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already s the proposed designated pren supervisor for its 'system refere reference'	nises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the au	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed f	ee of £23
DECLARATION	
licensing act 2003, to make a form is entitled to work in the licensable activity) and I have	false statement in or in connection with this application. The DPS named in this application as UK (and is not subject to conditions preventing him or her from doing work relating to a 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	
* Date	16 / 10 / 2023 dd mm yyyyy Remove this signatory
Full name	
Capacity	
* Date	dd mm yyyy Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	EM - Buzz Bingo 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		
1 <u>2</u> <u>3</u> <u>4</u>	Next >	