

Peterborough

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact

<u>licensing@peterborough.gov.uk</u>

Telephone: 01733453491

* required information

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		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 I	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	Central England Co-operative Limited	
* Family name	Central England Co-operative Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
 Applying as a business or organisation, including as a sole trader Applying as an individual 		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	10143R	
Business name	Central England Co-operative Limited	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	Private Limited Company	

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Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Central House	
Street	Hermes Road	
District		
City or town	Lichfield	
County or administrative area	Staffordshire	
Postcode	WS13 6RH	
Country	United Kingdom	
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you woul	d 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	person without any special legal structure.
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.
Registration number		
Business name		If your business is registered, use its registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status		

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Your position in the business			
Home country	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			
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 application as the premises supervisor under 2003.		
* Premises licence number	123434		
Are you able to provide a posta	al address, OS map reference or description of the premises?		
AddressOS ma	o reference O Description		
Address			
* Building number or name	Central England Co-op		
* Street	4 Columbus Road		
District	Hempsted		
* City or town	Peterborough		
County or administrative area			
Postcode	PE2 9FP		
* Country	United Kingdom		
Contact Details			
E-mail			
Telephone number			
Other telephone number			
Describe the premises. For example, what type of premises it is			

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Convenience store			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desi	gnated Premises Supervisor		
* First name	Paul		
* Family name	Brown		
* Nationality			
* Place of birth			
* Date of birth			
Personal licence number of			
proposed designated premises supervisor	045156		
Issuing authority of that licence	Rutland Council		
Full Name Of Existing Design	nated Premises Supervisor		
First name	Carrie-Ann		
Family name	Bugby		
* 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	
Yes	○ No	existing premises supervisor is suddenly indisposed or unable to work.	
□ I will notify the existing	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		
C Electronically, by the proposed designated premises supervisor			
As an attachment to this variation			

Continued from previous page	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 au	ithority. 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	rice, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application. The DPS named in this application at 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 indicates you have read and understood the above declaration			
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on		
* Full name	Elaine Rayner, Shoosmiths LLP		
* Capacity	Solicitors on behalf of the Applicant		
* Date	23 / 10 / 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	M-00462393	
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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