

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	M-00054908	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? Yes No 		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	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 appli	icant would prefer not to be contacted by telep	hone
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?	Yes O No	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	

Continued from previous page		
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		
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 would a series of the series of th	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	
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	Shoosmiths LLP	If your business is registered, use its registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status	Limited Liability Partnership	

Continued from previous page		
Your position in the business	Paralegal	
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]
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	114671]
Are you able to provide a post	al address, OS map reference or description of	the premises?
 Address OS map reference Description 		
Address		
* Building number or name	Central England Co-operative]
* Street	5 Ortongate Shopping Centre]
District	Orton Goldhay]
* City or town	Peterborough]
County or administrative area]
Postcode	PE2 5TD	
* 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		
Convenience Store		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Nathan	
* Family name	Hooker	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence		
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Jody	
Family name	Rowland	
* 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 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?	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?		
C 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 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	thority. If you complete the application online, you must pay it by debit or credit card.		
This formality requires a fixed t	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 icensing 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	Elaine Rayner, Shoosmiths LLP		
* Capacity	Solicitors on behalf of the Applicant		
* Date	10 / 11 / 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-00054908	
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 >	