

## Peterborough

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

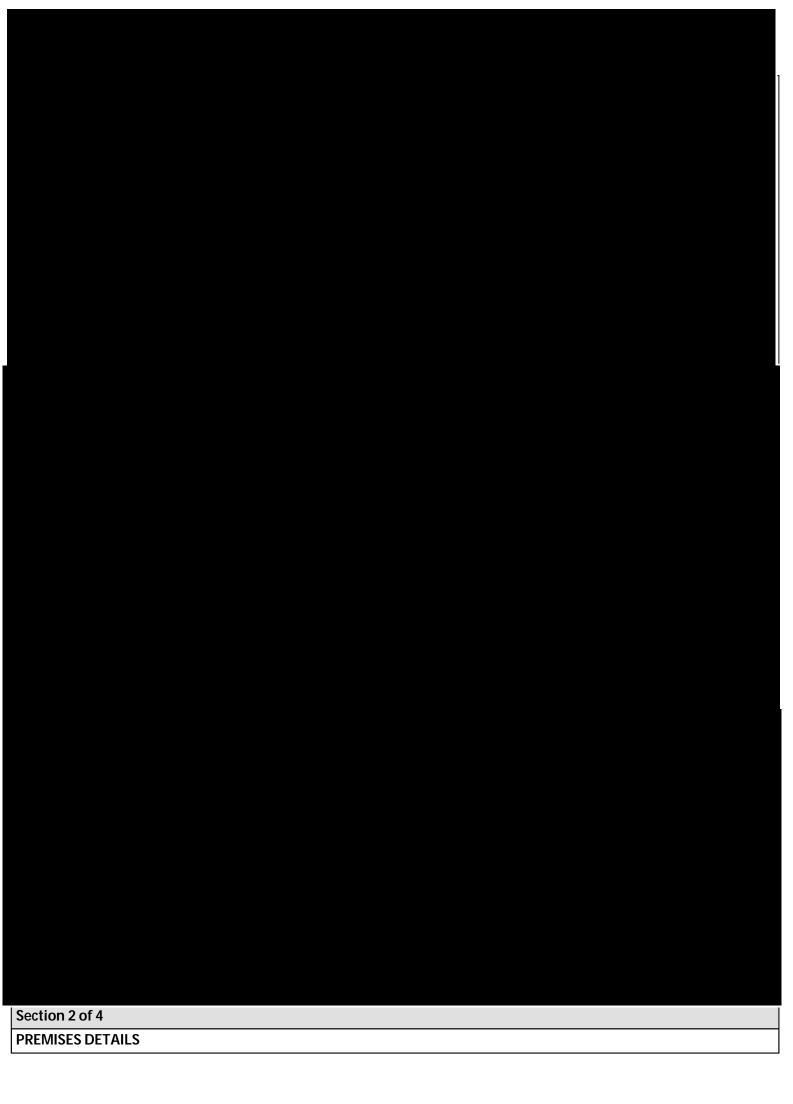
For help contact

 $\underline{licensing@peterborough.gov.uk}$ 

Telephone: 01733453491

\* required information

Section 1 of 4		
You can save the form at	any time and resume it later. You do not need to I	oe 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 of Yes	on behalf of the applicant?  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	Vilvarajah	
* Family name	Sithamparapullai	
<ul> <li>Applying as a busing</li> </ul>	ness or organisation, including as a sole trader	A sole trader is a business owned by one
<ul><li>Applying as an ind</li></ul>	ividual	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.



Continued from previous page	
I/we apply to vary a premises I section 37 of the Licensing Act	icence to specify the individual named in this application as the premises supervisor under 2003.
* Premises licence number	044812
Are you able to provide a post	al address, OS map reference or description of the premises?
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description
Address	
* Building number or name	38 St Johns Street
* Street	
District	
* City or town	Peterborough
County or administrative area	
Postcode	PE1 5DD
* Country	United Kingdom
Contact Details	
Newsagents sale of alcohol of	f licence by retail
Section 3 of 4	
SUPERVISOR	
Full Name Of Proposed Design	
* First name	Vilvarajah
* Family name	Sithamparapullai
Personal licence number of proposed designated premises supervisor	MK 000165041

Continued from previous page	issuing authority of that	
	licence	
Milton Keynes		
Full Name Of Existing Design	nated Premises Supervisor	
First name	Rajwinder	
Family name	Bal	
* 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
<ul><li>Yes</li></ul>	○ 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 rapplication?	relevant part of it be submitted with this	
<ul><li>Yes</li></ul>	○ No	
How will the consent form of to be supplied to the authority?	he proposed designated premises supervisor	
<ul><li>Electronically, by the pro</li></ul>	posed designated premises supervisor	
<ul> <li>As an attachment to this</li> </ul>	variation	
Reference number for consenterm (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	uthority. If you complete the application online, y	you must pay it by debit or credit card.
This formality requires a fixed	fee of £23	
DECLARATION		
licensing act 2003, to make a form is entitled to work in th licensable activity) and I have	nce, liable on conviction to a fine up to level 5 on false statement in or in connection with this appet UK (and is not subject to conditions preventing e seen a copy of his or her proof of entitlement to	plication. The DPS named in this application g him or her from doing work relating to a o work, if appropriate.
☐ Ticking this box indica	tes you have read and understood the above dec	claration
		on

* Date	27 / 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		
Applicant reference number Fee paid		
Fee paid		
Fee paid Payment provider reference		
Fee paid  Payment provider reference  ELMS Payment Reference		
Fee paid Payment provider reference ELMS Payment Reference Payment status		
Fee paid  Payment provider reference  ELMS Payment Reference  Payment status  Payment authorisation code		
Fee paid  Payment provider reference  ELMS Payment Reference  Payment status  Payment authorisation code  Payment authorisation date		
Fee paid  Payment provider reference  ELMS Payment Reference  Payment status  Payment authorisation code  Payment authorisation date  Date and time submitted		