

## 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	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 be	ehalf of the applicant?	Put "no" if you are applying on your own
• Yes O	No	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Select Service Partner Ltd	
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the appl	licant would prefer not to be contacted by te	lephone
Is the applicant:		
<ul><li>Applying as a business of Applying as an individual</li></ul>	or organisation, including as a sole trader al	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?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.
Registration number	02184010	
Business name	Select Service Partner Ltd	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	Jamestown Wharf	
Street	32 Jamestown Road	
District		
City or town	London	
County or administrative area		
Postcode	NW1 7HW	
Country	United Kingdom	
Agent Details		_
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you would	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>An agent that is a busine</li></ul>	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?	<ul><li>Yes</li><li>No</li></ul>	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 GB		Put "none" if you are not registered for VAT.
Legal status		

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Your position in the business		
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	cence to specify the individual named in this 2003.	application as the premises supervisor under
* Premises licence number	120397	
Are you able to provide a posta	al address, OS map reference or description of	the premises?
<ul><li>Address</li><li>OS map</li></ul>	p reference O Description	
Address		
* Building number or name	Cafe Local	
* Street	Platforms 4/5	
District	Peterborough Railway Station Station Approach	
* City or town	Peterborough	
County or administrative area		
Postcode	PE1 1QL	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		

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Describe the premises. For example, and the premises of the premise of the premi	ample, what type of premises it is	
Cafe		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Richard	
* Family name	Le Fevre	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor	LN/201300713	
Issuing authority of that licence	Enfield	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Tracy	
Family name	Garner	
* 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
<ul><li>Yes</li></ul>	○ No	existing premises supervisor is suddenly indisposed or unable to work.
I will notify the existing	ng 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	
<ul> <li>Electronically, by the proposed designated premises supervisor</li> </ul>		
<ul> <li>As an attachment to this variation</li> </ul>		

Continued from previous page	Reference number for consent form (if known)
If the consent form is already s the proposed designated prem supervisor for its 'system 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	ice, 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 e 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.
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	Squire Patton Boggs (UK) LLP
* Capacity	Solicitors for and on behalf of the applicant
* Date	13 / 03 / 2024 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		
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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