

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 behalf 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	Aldi Stores Limited	
* Family name	Aldi Stores Limited	
* E-mail		
	0	Include country code.
Other telephone number		
☐ Indicate here if the app	licant 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	2321869	
Business name	Aldi Stores 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 are		
Postcode		
Country		
Agent Details		
* First name		
* Family name		
* E-mail		
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 No	Note: completing the Applicant Business section is optional in this form.
Registration number	OC304688	
Business name	Freeths 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	
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 application as the premises supervisor under 2003.
* Premises licence number	119665
Are you able to provide a post	al address, OS map reference or description of the premises?
AddressOS ma	p reference O Description
Address	
* Building number or name	Aldi
* Street	Flaxland
	Тахата
District	
* City or town	Bretton
County or administrative area	Peterborough
Postcode	PE3 8DF
* 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		
Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Design	gnated Premises Supervisor	
* First name	Christopher John	
* Family name	Thompson	
* Nationality		
		
Full Name Of Existing Design	nated Premises Supervisor	
First name	Calvin	
Family name	Gilbert	
•	on to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the
the Licensing Act 2003?		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
<u>_</u>	21	existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or rapplication?	elevant part of it be submitted with this	аррисаногі.
Yes	○ No	
How will the consent form of to be supplied to the authority?	he proposed designated premises supervisor	
 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	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	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 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.		
□ Ticking this box indicat	es you have read and understood the above declaration		
This section should be complebehalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on		
* Full name			
* Capacity * Date	19 / 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		
1 2 3 4	Next >	