

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	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 b	ehalf 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		
Main telephone number		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		A sole trader is a business owned by one
 Applying as an individual 	ual	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 No	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	

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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		
Street	Holly Lane	
District		
City or town	Atherstone	
County or administrative area	Warwickshire	
Postcode	CV9 2SQ	
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	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	porcent minimum area, y operating garen decide of
Agent Business		
Is your business registered in the UK with Companies House?	YesNo	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		
Your position in the business	Member	
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	074233	
Are you able to provide a post	al address, OS map reference or description of	the nremises?
	p reference	ino promisos.
Address		
* Building number or name	Aldi	
* Street	Brickburn Close	
District		
* City or town	Hampton	
County or administrative area	Peterborough	
Postcode	PE7 8NZ	J
* Country	United Kingdom	
Contact Details	Officed Kingdom	
		1
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mnle what type of premises it is	

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Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Design	nated Premises Supervisor	
* First name	Giovanni	
* Family name	Petrucci	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated	1001275	
premises supervisor		
Issuing authority of that licence	Central Bedfordshire Council	
licerice		
Full Name Of Existing Design	ated Premises Supervisor	
First name	Kelly	
Family name	Cook	
* 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 reapplication?	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 form (if known)	
If the consent form is already s the proposed designated pren supervisor for its 'system refere 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	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.	
☐ Ticking this box indicates 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	Lisa Gilligan	
* Capacity	Solicitor for the Applicant	
* Date	22 / 04 / 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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