

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 | TLV/39096/1152 | 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 | half of the applicant? | Put "no" if you are applying on your own behalf or on behalf of a business you own or | |
| • Yes O M | lo | work for. | |
| Applicant Details | | | |
| * First name | Motor Fuel Limited | | |
| * Family name | Motor Fuel Limited | | |
| * E-mail | | | |
| Main telephone number | | Include country code. | |
| Other telephone number | | | |
| ☐ Indicate here if the appl | icant would prefer not to be contacted by telep | phone | |
| ls the applicant: | | | |
| • Applying as a business of | or organisation, including as a sole trader | A sole trader is a business owned by one | |
| Applying as an individual | | 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 | 05206547 | | |
| Business name | Motor Fuel Limited | If the applicant's business is registered, use its registered name. | |
| VAT number - | N/A | 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 | Legal Team | |
| 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 | 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: | | |
| • 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 | p |
| 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 | OC334359 | |
| Business name | Winckworth Sherwood LLP | If your business is registered, use its registered name. |
| VAT number - | N/A | Put "none" if you are not registered for VAT. |
| Legal status | Limited Liability Partnership | |
| | | |

| Continued from previous page | | |
|--|--|---|
| Your position in the business | Licensing Assistant | |
| 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 are | | |
| Postcode | | |
| Country | | |
| | | |
| Section 2 of 4 | | |
| PREMISES DETAILS | | |
| I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003. | | |
| * Premises licence number | 125857 | |
| Are you able to provide a post | al address, OS map reference or description of t | he premises? |
| Address OS map reference Description | | |
| Address | | |
| * Building number or name | Stanground Service Station | |
| * Street | Bellona Drive | |
| District | Stanground | |
| * City or town | Peterborough | |
| County or administrative area | | |
| Postcode | PE2 8GP | |
| * Country | United Kingdom | |
| Contact Details | | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| Describe the premises. For example, what type of premises it is | | |

| Continued from previous page | | |
|--|--|--|
| A petrol forecourt store. | | |
| | | |
| | | |
| Section 3 of 4 SUPERVISOR | | |
| Full Name Of Proposed Desi | anotod Dromicos Supervisor | |
| | Anil Kumar | |
| * First name | | |
| * Family name | Gade | |
| * Nationality | | |
| * Place of birth | | |
| | | |
| Personal licence number of | dd mm yyyy | |
| proposed designated premises supervisor | | |
| Issuing authority of that licence | | |
| Full Name Of Existing Designated Premises Supervisor | | |
| First name | Paul | |
| Family name | Jones | |
| * 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 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 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 the proposed designated premises supervisor be supplied to the authority? | | |
| 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 s | submitted, ask | |
| the proposed designated pren | nises | |
| supervisor for its 'system refere | ence' or 'your | |
| reference' Section 4 of 4 | | |
| | | |
| PAYMENT DETAILS | | |
| This fee must be paid to the au | uthority. 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 Licensing 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. | | |
| \boxtimes 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 | | |
| * Capacity | Agent | |
| * Date | 23 / 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 | TLV/39096/1152 | |
|------------------------------|----------------|--|
| 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 > | |