

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 a	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. You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.	
Your reference	CAS003-366-5		
,	g on behalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or	
Yes	C No	work for.	
Applicant Details			
* First name	BTG Licenceco Limited		
* Family name			
* E-mail	mandy@woodswhur.co.uk		
Main telephone numbe	r ,	Include country code.	
Other telephone numb	er		
☐ Indicate here if th	ne applicant would prefer not to be contacted by tele	ohone	
Is the applicant:			
Applying as a bus	siness or organisation, including as a sole trader	A sole trader is a business owned by one	
	idividual	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 busine registered in the UK wit		Note: completing the Applicant Business section is optional in this form.	
Companies House?			
Registration number	12613450		
Business name	BTG Licenceco 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		The country where the applicant's
Home country	United Kingdom	headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Lower Ground Floor, Elsley House	
Street	24/30 Great Titchfield Street	
District		
City or town	London	
County or administrative area		
Postcode	W1W 8BF	
Country	United Kingdom	
Agent Details		
* First name	Woods Whurs 2014 Limited	
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ıld prefer not to be contacted by telephone	
Are you:		
An agent that is a busin	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 acti	ng as an agent	
Agent Business		
Is your business registered in the UK with Companies House?	() Yes	Note: completing the Applicant Business section is optional in this form.
Registration number	08973858	
Business name	Woods Whur 2014 Limited	If your business is registered, use its registered name.
VAT number GB	187289453	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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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	St James house	
Street	28 Park Place	
District		
City or town	LEEDS	
County or administrative area		
Postcode	LS1 2SP	
Country	United Kingdom	
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 at 2003.	oplication as the premises supervisor under
* Premises licence number	124217	
Are you able to provide a post	al address, OS map reference or description of	the premises?
	p reference C Description	
Address		
* 8uilding number or name	Las Iguanas	
* Street	7-8 Church Street	
District		
* City or town	Peterborough	
County or administrative area		
Postcode	PE1 1XB	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	ample, what type of premises it is	

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Restaurant		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Des	ignated Premises Supervisor	
* First name	Anna Julita	
* Family name	Strumilowska	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence		
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Sean	
Family name	Johnson	
* Would you like this applicat the Licensing Act 2003?	ion 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
• Yes	C No	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	
	C No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
C Electronically, by the pr	oposed designated premises supervisor	
As an attachment to thi	s variation	

Continued from previous page	Reference number for consent form (if known)		
If the consent form is already so the proposed designated prem supervisor for its 'system refere reference'	nises		
Section 4 of 4			1 1 1 1 1 1 1 1
PAYMENT DETAILS			
		ion online, you must pay it by debit or credit card.	
This formality requires a fixed f	ee 01 ±23		
ATTACHMENTS			
AUTHORITY POSTAL ADDRES	5		1
Address			
Building number or name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Street			
District			
City or town			
County or administrative area			
Postcode			
Country	United Kingdom		
DECLARATION			
* licensing act 2003, to make a form is entitled to work in the licensable activity) and I have	false statement in or in connection wi		ition
This section should be complet behalf of the applicant?"	ed by the applicant, unless you answ	wered "Yes" to the question "Are you an agent actin	g on
Signature Of Applicant Or A	nlienne/e Calieltav Artisty and in		
* Full name * Capacity			
Date (dd/mm/yyyy)			
Joint Applicants, Signature O	f Second Applicant Or Second Appl	olicants Solicitor	
* Full name			

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Date (dd/mm/yyyy)			
	Remove this signato	ry	
	Add another signato	ry	