

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		This is the unique reference for this application generated by the system.		
tra		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		
• Yes O	No	behalf or on behalf of a business you own or work for.		
Applicant Details				
* First name				
* Family name				
* E-mail				
Main telephone number		ountry code.		
Other telephone number				
	licant would prefer not to be contacted by te	elephone		
Is 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				
Business name		e applicant's business is registered, use egistered name.		
VAT number GB		"none" if the applicant is not registered VAT.		
Legal status				

Continued from previous page...

Applicant's position in the business

Home country

Registered Address

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

Other telephone number

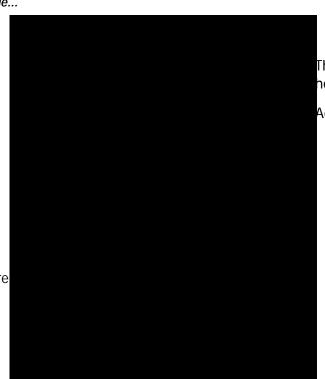
Indicate here if you w

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

Agent Business

Is your business regist the UK with Companie House?		0	Yes		No	Note: completing the Applicant Business section is optional in this form.
ls your business regist outside the UK?	ered	0	Yes	۲	No	
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						



The country where the applicant's headquarters are.

Address registered with Companies House.

try code.

A sole trader is a business owned by one person without any special legal structure.

Continued from previous page	·
Your position in the business	
Home country	The country where the headquarters of your business is located.
Agent Business Address	If you have one, this should be your official
Building number or name	address - that is an address required of you by law for receiving communications.
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	
Section 2 of 4	
PREMISES DETAILS	
I/we apply to vary a premises section 37 of the Licensing Ac	licence to specify the individual named in this application as the premises supervisor under t 2003.
* Premises licence number	123643
Are you able to provide a pos	tal address, OS map reference or description of the premises?
Address OS ma	ap reference O Description
Address	
* Building number or name	Paul Pry Table Table
* Street	1023 Lincoln Road
District	Walton
* City or town	Peterborough
County or administrative area	
Postcode	PE4 6AH
* Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For exa	ample, what type of premises it is

Continued from previous page	ge	
Public House/Restaurant		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed D	esignated Premises Supervisor	
* First name		
* Family name		
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number o proposed designated premises supervisor	f	
Issuing authority of that licence		
Full Name Of Existing De	sign	
First name		
Family name		
* Would you like this applic the Licensing Act 2003?	catio	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 exis	sting 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 application?	or relevant part of it be submitted with this	
• Yes	○ No	
How will the consent form be supplied to the authorit	of the proposed designated premises supervisor y?	
C 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			
 licensing act 2003, to make a form is entitled to work in the 	nce, 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 e 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?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on		
* Full name			
* Capacity			
* Date			
	Remove this signatory		
Full name			
Capacity			
* Date	dd mm yyyy		
	Remove this signatory		
	Add another signatory		

OFFICE USE ONLY

Applicant reference number	18680	
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 3 4</u>	Next >	