

## Peterborough

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

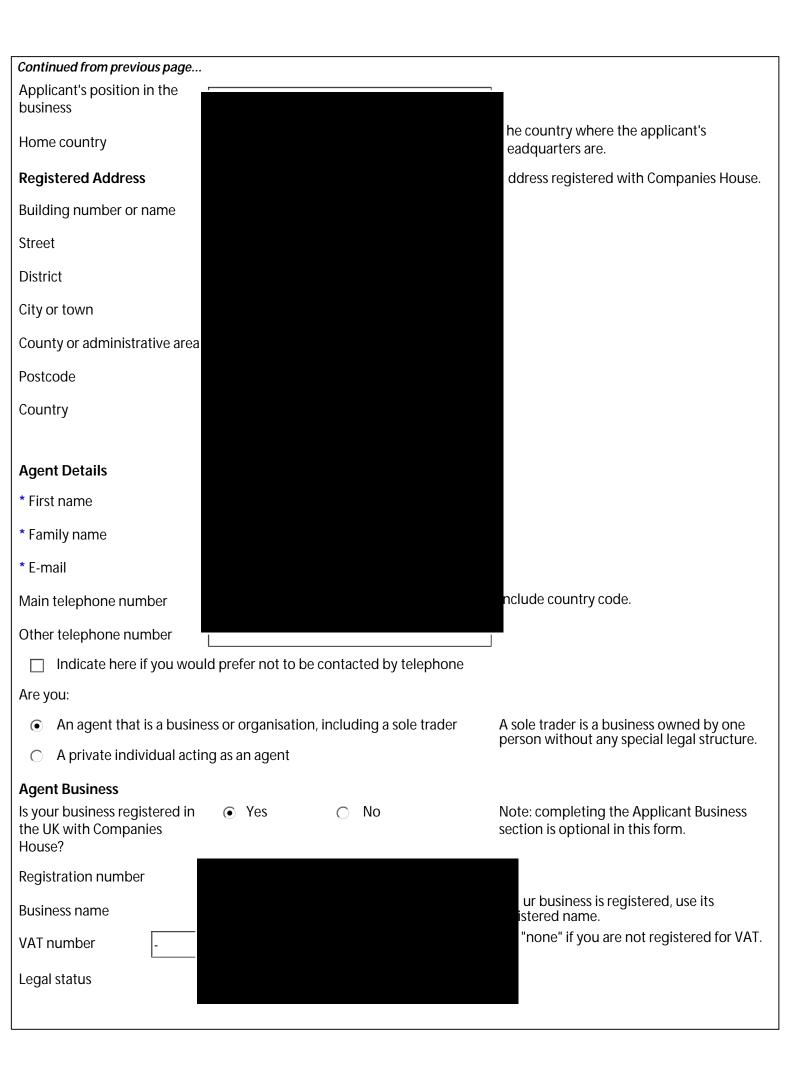
For help contact

 $\underline{licensing@peterborough.gov.uk}$ 

Telephone: 01733453491

\* required information

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Section 1 of 4		
You can save the form at any ti	me and resume it later. You do not need to b	e logged in when you resume.
System reference		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
<ul><li>Yes</li><li>N</li></ul>	0	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name		
* Family name		
* E-mail		
Main telephone number		untry code.
Other telephone number		
☐ Indicate here if the appli	cant would prefer not to be contacted by tel	ephone
Is the applicant:		
<ul><li>Applying as a business o</li></ul>	r organisation, including as a sole trader	A sole trader is a business owned by one
<ul> <li>Applying as an individua</li> </ul>	nl	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?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.
Registration number		
Business name		business is registered, use e.
VAT number -		applicant is not registered
Legal status		
•		



Continued from previous page	
Your position in the business	
Home country	e country where the headquarters of your siness is located.
Agent Registered Address	dress 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 application as the premises supervisor under 2003.
* Premises licence number	126039
Are you able to provide a posta	al address, OS map reference or description of the premises?
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description
Address	
* Building number or name	Morrison's Daily
* Street	103 Mayors Walk
District	
* City or town	Peterborough
County or administrative area	
Postcode	PE3 6EY
* Country	United Kingdom
<b>Contact Details</b>	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For exa	mple, what type of premises it is

Continued from previous page			
A convenience store.			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desi	ignated Premises Supervisor		
* First name			
* Family name			
* Nationality			
* Place of birth			
* Date of birth			
Personal licence number of proposed designated premises supervisor			
Issuing authority of that licence			
Full Name Of Existing Desi			
First name			
Family name			
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		he premises licence holder can continue the supply of alcohol if, for example, the	
<ul><li>Yes</li></ul>	○ No		existing premises supervisor is suddenly indisposed or unable to work.
☑ I will notify the existing	ng premises supervisor (if any)	or triis 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 submitte	d with this	
<ul><li>Yes</li></ul>	○ No		
How will the consent form of be supplied to the authority?	the proposed designated pren	nises supervisor	
Electronically, by the proposed designated premises supervisor			
<ul> <li>As an attachment to this variation</li> </ul>			

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	
<ul> <li>licensing act 2003, to make a form is entitled to work in the</li> </ul>	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 is 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 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	
* Date	
	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 <u>2</u> <u>3</u> <u>4</u>	Next >			