

Peterborough

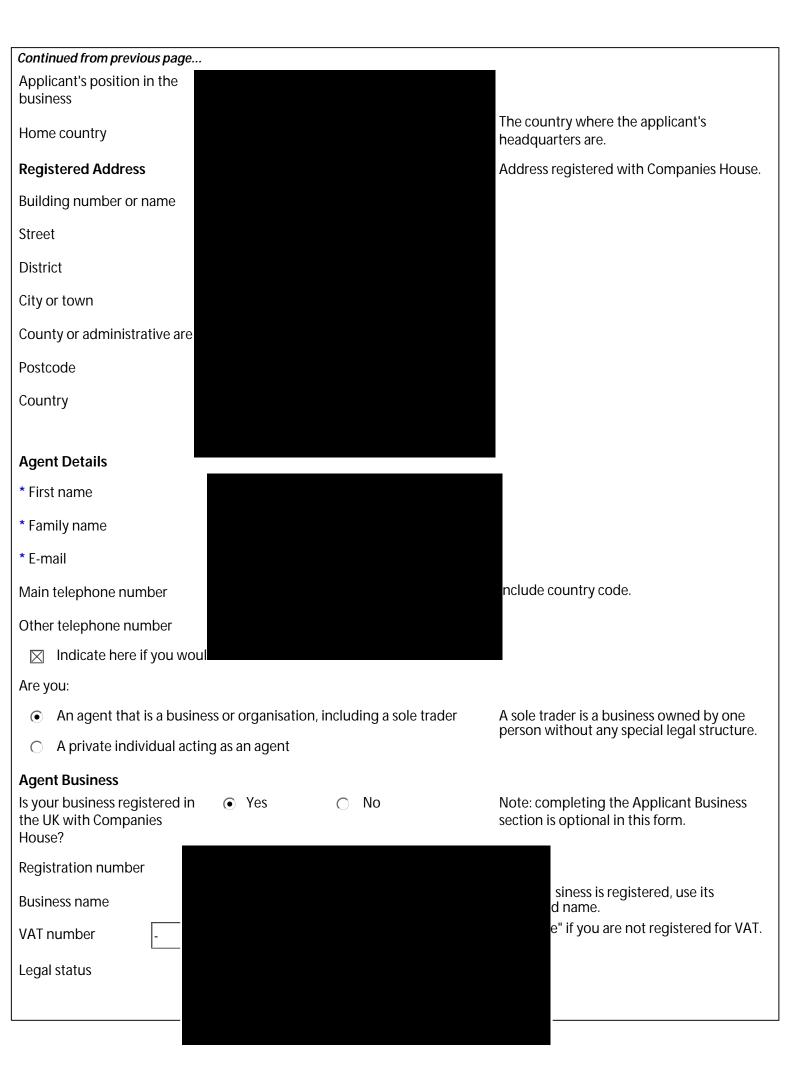
Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

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. This is the unique reference for this System reference Not Currently In Use application generated by the system. You can put what you want here to help you Your reference track applications if you make lots of them. It is passed to the authority. Put "no" if you are applying on your own Are you an agent acting on behalf of the applicant? behalf or on behalf of a business you own or Yes No work for. **Applicant Details** * First name * Family name * E-mail de country code. Main telephone number Other telephone number Indicate here if the appl Is the applicant: Applying as a business or organisation, including as a sole trader A sole trader is a business owned by one person without any special legal structure. Applying as an individual 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 Yes No Note: completing the Applicant Business registered in the UK with section is optional in this form. Companies House? Registration number If the applicant's business is registered, use Business name its registered name. Put "none" if the applicant is not registered VAT number for VAT. 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 are	
Postcode	
Country	
_	
Section 2 of 4	
PREMISES DETAILS	
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this application as the premises supervisor under 2003.
* Premises licence number	118387
Are you able to provide a post	al address, OS map reference or description of the premises?
AddressOS ma	p reference O Description
Address	
* Building number or name	The Dragon
* Street	1 Hodgson Centre
District	
* City or town	Werrington
County or administrative area	
Postcode	PE4 5EG
* Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For exa	mple, what type of premises it is

Continued from previous page			
Public House			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Des	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 Desig	nated Premises Supervisor		
First name			
Family name			
* 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 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		
Yes	○ No		
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor		
 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 authority. If you complete the application online, you must pay it by debit or credit card.				
This formality requires a fixed 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.				
☐ 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				
* 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 2 3 4	Next >			