

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 t	ime 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		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
• Yes O N	lo	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Sainsbury's Supermarkets Ltd]
* Family name	Sainsbury's Supermarkets Ltd]
* E-mail]
Main telephone number		Include country code.
Other telephone number]
Indicate here if the appli	icant would prefer not to be contacted by telep	hone
Is the applicant:		
 Applying as a business or organisation, including as a sole trader Applying as an individual 		A sole trader is a business owned by one 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	03261722]
Business name	Sainsbury's Supermarkets Ltd	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	

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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	33	
Street	Holborn	
District		
City or town	London	
County or administrative area		
Postcode	EC1N 2HT	
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 a second secon	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	person without any special regulation details.
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		
Business name		If your business is registered, use its registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status		

Continued from previous page		
Your position in the business	Paralegal	
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 area	-	
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 ap 2003.	oplication as the premises supervisor under
* Premises licence number	123781	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address OS map reference Description		
Address		
* Building number or name	Sainsbury's	
* Street	Flaxlands Bretton Centre	
District		
* City or town	Bretton	
County or administrative area		
Postcode	PE3 8DA	
* 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 supermarket.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	ignated Premises Supervisor	
* First name	Gareth	
* Family name	Dawson	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor	32UE/0780	
Issuing authority of that licence	North Kesteven District Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Sean William	
Family name	onvelly	
* 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 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?		
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 the proposed designated pren supervisor for its 'system refer	nises	
reference' Section 4 of 4		
PAYMENT DETAILS		
	uthority. If you complete the application online, you must pay it by debit or credit card.	
This formality requires a fixed		
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	Winckworth Sherwood LLP	
* Capacity	Agent	
* Date	28 / 01 / 2025	
	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	SJGC/26508/291/RPB	
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		
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