

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

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	Not Currently In Use	This is the unique reference for this application generated by the system.		
Your reference	Nandos Peterborouh/LAF	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 behalf or on behalf of a business you own or		
• Yes C N	lo	work for.		
Applicant Details				
* First name	Nando's Chickenland Limited			
* Family name	N/A			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
☐ Indicate here if the appli	cant would prefer not to be contacted by telep	hone		
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?	YesNo	Note: completing the Applicant Business section is optional in this form.		
Registration number	2580031			
Business name	Nando's Chickenland Limited	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	Owner/Operator	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	St Mary's House	
Street	42 Vicarage Crescent	
District		
City or town	London	
County or administrative area		
Postcode	SW11 3LD	
Country	United Kingdom	
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	9
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	paramatan any aparamagan anaona
Agent Business		
Is your business registered in the UK with Companies House?	○ Yes	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?		
Business name		If your business is registered, use its registered name.
VAT number		Put "none" if you are not registered for VAT.
Legal status		
•		

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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 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	128393	
Are you able to provide a postal address, OS map reference or description of the premises?		
AddressOS map	p reference O Description	
Address		
* Building number or name	Nando's	
* Street	4 Cathedral Square	
District		
* City or town	Peterborough	
County or administrative area		
Postcode	PE1 1XH	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example,	mple what type of premises it is	

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Restaurant		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Matthew	
* Family name	Parkins	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated	PER02277	
premises supervisor		
Issuing authority of that licence	Huntingdonshire District Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Tiffany Elizabeth	
Family name	Drew	
* 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
Yes	○ No	existing premises supervisor is suddenly 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 be supplied to the authority?	the proposed designated premises supervisor	
C 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 prem 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	
licensing act 2003, to make a form is entitled to work in the licensable activity) and I have	ice, 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 seen a copy of his or her proof of entitlement to work, if appropriate. es you have read and understood the above declaration
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	John Gaunt and Partners
* Capacity	Solicitors for the Applicant
* Date	17 / 04 / 2025 dd mm yyyy Remove this signatory
	nomers the signatery
Full name	
Capacity	
* Date	dd mm yyyy Remove this signatory
	Kernove triis signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	Nandos Peterborouh/LAF	
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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