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

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.
BI we SAWINDAR SINGH SANDHU AND NARESH KUMAR (full name(s) of premises licence holder)
being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number
$\square$
Part 1 - Premises details

| Postal address of premises or, if none, ordnance survey map reference or  <br> description  <br> 171 QUEENS ROAD  <br>   <br> Post town <br> PECKHAM  <br> Telephone number (if any)  |
| :--- | :--- |

Description of premises (please read guidance note 1)
OFF LICENCE

Part 2
Full name of proposed designated premises supervisor
PUSHPARANI ARULRAJAH

Nationality


Place of birth


Date of birth


Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)


Please tick yes
I would like this application to have immediate effect under
 section 38 of the Licensing Act 2003
I have enclosed the premises licence or relevant part of it
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

## Reasons why I have failed to enclose the premises licence or relevant part of it

## Please tick yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
" I have enclosed the premises licence, or relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected
iv. other (for example a statutory corporation)please complete section (B)
c) a recognised clubplease complete section (B)
d) a charityplease complete section (B)
e) the proprietor of an educational establishment
$\square$ please complete section (B)
f) a health service bodyplease complete section (B)
g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Walesplease complete section (B)
ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in respect of an independent hospital in Englandplease complete section (B)
h) the chief officer of police of a police force in England and Walesplease complete section (B)
*If you are applying as a person described in (a) or (b) please confirm:

$$
\text { Please tick } \square \text { yes }
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- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative
(A) INDIVIDUAL APPLICANTS (fill in as applicable)



## Surname



First names
PUSHPARANI

Please tick $\mathbb{\square}$ yes


> Nationality
> Current residential address if different from premises

Date of birth

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

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\text { Please tick } \nabla \text { yes }
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I have enclosed the premises licence
If you have not enclosed premises licence referred to above please give the reasons why not.

## Checklist:

## Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).


## IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO

## Consent of individual to being specified as premises supervisor


[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

TRANSFER PREMISES LICENCE
type of application]
by

relating to a premises licence

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8.34717
$$

[number of existing licence, if any]
for
17 QUEENS ROAD
LONDON
SETS IND
[name and address of premises to which the application relates]
and any premises licence to be granted or varied in respect of this application made by

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SAWINDAR SINGH SANDHU AND NARESH KUMAR
    [name of applicant]
concerning the supply of alcohol at
    171 QUEENS ROAD
    LONDON
    SEIS 2ND
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[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]
Personal licence issuing authority
[insert name and address and telephone number of personal licence issuing authority, if any]

| Signed |  |
| :--- | :--- |
| Name (please print) |  |
| Date | $22 / 41,7$. |

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Sodaumets 3 DETAILS \& CORRESPONDENCE

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