

# APPENDIX A

## Application to vary a premises licence under the Gambling Act 2005

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

#### Part 1 – Applicant Details

If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B.

##### Section A

##### Individual applicant

1. Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

2. Surname:

Other name(s):

*[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]*

3. Applicant's address (home or business – *[delete as appropriate]*):

Postcode:

4(a) The number of the applicant's operating licence (as set out in the operating licence):

4(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

5. Tick the box if the application is being made by more than one person.

*[Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]*

##### Section B

Application on behalf of an organisation *Franchise (Golders Green) Ltd.*

6. Name of applicant business or organisation:

*[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence.]*

RECEIVED  
03 MAR 2009

7. The applicant's registered or principal address:

Unit 3  
otterspool way  
Watford  
Herts

Postcode:

WD25-8HL

8(a) The number of the applicant's operating licence (as given in the operating licence):

OS2-002287-N-103907-00

8(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

9. Tick the box if the application is being made by more than one organisation.

[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

## Part 2 - Premises Details

10. Trading name used at licensed premises:

AGORA

11. Give the address of the premises or, if none, give a description of the premises and its location. Where the premises are a vessel, give the place indicated in the premises licence as the place in the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with a postcode:

92-94  
Borough High St

Postcode:

SE1

12. Telephone number at premises (if known):

13. Type of premises licence to be varied:

Regional Casino

Large Casino

Small Casino

Converted Casino

Bingo

Adult Gaming Centre

Betting (track)

Betting (other)

Family Entertainment Centre

14. Premises licence number (if known):

825041

15. If you are making this application alongside an application for transfer or reinstatement of the premises licence into your name, please give the name of the current licence holder as it appears on the premises licence (if known):

Surname:

Other name(s):

**Part 3 – Details of variations applied for**

16(a) Please give details of any variation which is being applied for. Where the application includes an application to exclude or vary a condition of the premises licence, identify the relevant condition here (unless it relates to hours of operation which are dealt with in questions 16(b) and 16(c)):

reduction in size of existing area

16(b) Do you want the licensing authority to exclude or vary a condition of the licence so that the premises may be used for longer periods than would otherwise be the case?

Yes/No [delete as appropriate]

16(c) If the answer to question 16(b) is yes, please complete the table below to indicate the times when you want the premises to be available for use under the premises licence.

	Start	Finish	Details of any seasonal variation
Mon	hh:mm	hh:mm	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

17. Please indicate any particular date on which you want the variation to take effect if approved: (dd/mm/yyyy)

18. Please set out any other matters which you consider to be relevant to your application:

N/A

**Part 4 – Declarations and Checklist (Please tick as appropriate)**

I/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ We understand that it is an offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in relation to, this application.

I/ We confirm that the applicant(s) have the right to occupy the premises.

Checklist:

- Payment of the appropriate fee has been made/is enclosed
- A plan of the premises is enclosed
- The existing premises licence is enclosed
- The existing premises licence is not enclosed, but the application is accompanied by –
  - A statement explaining why it is not reasonably practicable to produce the licence and,
  - An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence
- I/we understand that if the above requirements are not complied with the application may be rejected
- I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities

**Part 5 – Signatures**

19. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:



Print Name: MATTHEW DEITH

Date: 26/2/2009 (dd/mm/yyyy)

Capacity: Director

20. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

Capacity: \_\_\_\_\_

*[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 19 and 20.]*

*[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]*

**Part 6 – Contact Details**

21(a) Please give the name of a person who can be contacted about the application:

Matthew Deith

21(b) Please give one or more telephone numbers at which the person identified in question 21(a) can be contacted:

07957-135216

22. Postal address for correspondence associated with this application:

Unit 3  
Otespool Way  
Watford

Postcode: WD25-8HL                      Herts

23. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address to which you would like correspondence to be sent:

mdeith@aol.com

**Application for a premises licence  
under the Gambling Act 2005 (standard form)**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Where the application is—

- In respect of a vessel, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

the application should be made on the relevant form for that type of premises or application.

**Part 1 – Type of premises licence applied for**

Regional Casino <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input type="checkbox"/>
Bingo <input type="checkbox"/>	Adult Gaming Centre <input checked="" type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>
Betting (Track) <input type="checkbox"/>	Betting (Other) <input type="checkbox"/>	

Do you hold a provisional statement in respect of the premises? Yes  No

If the answer is "yes", please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement):

**Part 2 – Applicant Details**

If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B.

**Section A**

**Individual applicant**

1. Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

2. Surname: \_\_\_\_\_ Other name(s): \_\_\_\_\_

*[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]*

3. Applicant's address (home or business – *[delete as appropriate]*):

Postcode:

4(a) The number of the applicant's operating licence (as set out in the operating licence):

4(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

5. Tick the box if the application is being made by more than one person.

[Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Section B

Application on behalf of an organisation *Frankie (Golders Green) Hotel*

6. Name of applicant business or organisation:

[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence.]

7. The applicant's registered or principal address:

*Unit 3  
Ottenspool Way  
Watford  
Herts*

Postcode:

*WD25-8XL*

8(a) The number of the applicant's operating licence (as given in the operating licence):

*052 - 002287 - N - 103907 - 001*

8(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

9. Tick the box if the application is being made by more than one organisation.

[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Part 3 - Premises Details

10. Proposed trading name to be used at the premises (if known):

*AGORA 2*

11. Address of the premises (or, if none, give a description of the premises and their location):

*92-94 Borough High St*

*London*

Postcode:

*SE1*

12. Telephone number at premises (if known):

13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located.

Ground Floor only

14(a) Are the premises situated in more than one licensing authority area?

~~Yes~~/No [delete as appropriate]

14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, **other than the licensing authority to which this application is made:**

N/A

#### Part 4 – Times of operation

15(a). Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case? ~~Yes~~/No [delete as appropriate]  
[Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no.]

15(b). If the answer to question 15(a) is yes, please complete the table below to indicate the times when you want the premises to be available for use under the premises licence.

	Start	Finish	Details of any seasonal variation
Mon	hh:mm	hh:mm	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

16. If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:



### Part 5 – Miscellaneous

17. Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued): (dd/mm/yyyy)

18(a). Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? Yes/No [delete as appropriate]

18(b). If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.

19(a). Do you hold any other premises licences that have been issued by this licensing authority? Yes/No [delete as appropriate]

19(b). If the answer to question 19(a) is yes, please provide full details: 353 Walworth Rd - AGC

43 Borough High St - AGC | 355 Walworth Rd - LBO  
92-94 Borough High St - LBO - Basement.

31 Camberwell Rd - AGC

67-69 Rye Lane, Peckham - AGC | 229 Walworth Rd - AGC

20. Please set out any other matters which you consider to be relevant to your application:

### Part 6 – Declarations and Checklist (Please tick)

I/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ We understand that it is an offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in relation to, this application.

I/ We confirm that the applicant(s) have the right to occupy the premises.

Checklist:

- Payment of the appropriate fee has been made/is enclosed
- A plan of the premises is enclosed
- I/ we understand that if the above requirements are not complied with the application may be rejected
- I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities

**Part 7 – Signatures**

21. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:



Print Name: MATTHEW DEITH

Date: 26/2/2009 (dd/mm/yyyy)

Capacity: Director

22. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Date:

(dd/mm/yyyy)

Capacity:

[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 21 and 22.]

[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]

**Part 8 – Contact Details**

23(a) Please give the name of a person who can be contacted about the application:

Matthew Deith

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

07957-135216

24. Postal address for correspondence associated with this application:

Unit 3  
Oxenpool Way  
Watford

Postcode: WD15-8AL Herts

25. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address to which you would like correspondence to be sent:

mdeith@aol.com

**Application for a premises licence  
under the Gambling Act 2005 (standard form)**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Where the application is—

- In respect of a vessel, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

the application should be made on the relevant form for that type of premises or application.

**Part 1 – Type of premises licence applied for**

Regional Casino <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input type="checkbox"/>
Bingo <input type="checkbox"/>	Adult Gaming Centre <input checked="" type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>
Betting (Track) <input type="checkbox"/>	Betting (Other) <input type="checkbox"/>	

Do you hold a provisional statement in respect of the premises? Yes  No

If the answer is "yes", please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement):

**Part 2 – Applicant Details**

If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B.

**Section A**

**Individual applicant**

1. Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

2. Surname: \_\_\_\_\_ Other name(s): \_\_\_\_\_

*[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]*

3. Applicant's address (home or business – *[delete as appropriate]*):

Postcode: \_\_\_\_\_

4(a) The number of the applicant's operating licence (as set out in the operating licence):

4(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

5. Tick the box if the application is being made by more than one person.

[Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Section B

Application on behalf of an organisation

Freemove (Golden Green) Ltd

6. Name of applicant business or organisation:

[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence.]

7. The applicant's registered or principal address:

Unit 3  
Othenspool Way  
Watford  
Herts

Postcode:

WD25-8HL

8(a) The number of the applicant's operating licence (as given in the operating licence):

OS2-002287-N-103907-001

8(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

9. Tick the box if the application is being made by more than one organisation.

[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Part 3 - Premises Details

10. Proposed trading name to be used at the premises (if known):

AGORA 3

11. Address of the premises (or, if none, give a description of the premises and their location):

92-94 Borough High St  
London

Postcode:

SE1

12. Telephone number at premises (if known):

13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located.

Ground Floor only

14(a) Are the premises situated in more than one licensing authority area?

~~Yes/No~~ [delete as appropriate]

14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, **other than the licensing authority to which this application is made:**

N/A

#### Part 4 – Times of operation

15(a). Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case? ~~Yes/No~~ [delete as appropriate] [Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no.]

15(b). If the answer to question 15(a) is yes, please complete the table below to indicate the times when you want the premises to be available for use under the premises licence.

	Start	Finish	Details of any seasonal variation
Mon	hh:mm	hh:mm	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

16. If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

**Part 5 - Miscellaneous**

Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued): (dd/mm/yyyy)

(a). Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? Yes/No [delete as appropriate]

(b). If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.

a). Do you hold any other premises licences that have been issued by this licensing authority?  No [delete as appropriate]

b). If the answer to question 19(a) is yes, please provide full details:

- |  |     |              |       |
|--|-----|--------------|-------|
| 3 Borough High St - AGC                | 353 | Walsworth Rd | - AGC |
| 12-94 " " - LBO - <del>Basements</del> | 355 | "            | - LBO |
| 1. Camberwell Rd - AGC.                | 229 | "            | - AGC |
| 2. -69 Rye Lane Peckham - AGC          |     |              |       |

Please set out any other matters which you consider to be relevant to your application:

N/A

**- Declarations and Checklist (Please tick)**

I confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ We understand that it is an offence under section 342 of the Licensing Act 2005 to give information which is false or misleading in, or in relation to, an application.

I confirm that the applicant(s) have the right to occupy the premises.

Payment of the appropriate fee has been made/is enclosed

A plan of the premises is enclosed


I/ we understand that if the above requirements are not complied with the application may be rejected

I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities

**Part 7 – Signatures**

21. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:



Print Name: MATTHEW DEITH

Date: 26/02/2009 (dd/mm/yyyy)

Capacity: Director

22. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Date: \_\_\_\_\_ (dd/mm/yyyy)

Capacity: \_\_\_\_\_

*[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 21 and 22.]*

*[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]*

**Part 8 – Contact Details**

23(a) Please give the name of a person who can be contacted about the application:

Matthew Deith

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

07957135216

24. Postal address for correspondence associated with this application:

Unit 3  
Otterspool way  
Worjaad

Postcode W02S-8NL Herts

25. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address to which you would like correspondence to be sent:

m.deith@aol.com

**Application for a premises licence  
under the Gambling Act 2005 (standard form)**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Where the application is—

- In respect of a vessel, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

the application should be made on the relevant form for that type of premises or application.

**Part 1 – Type of premises licence applied for**

Regional Casino <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input type="checkbox"/>
Bingo <input type="checkbox"/>	Adult Gaming Centre <input checked="" type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>
Betting (Track) <input type="checkbox"/>	Betting (Other) <input type="checkbox"/>	

Do you hold a provisional statement in respect of the premises? Yes  No

If the answer is "yes", please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement):

**Part 2 – Applicant Details**

If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B.

**Section A**

**Individual applicant**

1. Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

2. Surname: \_\_\_\_\_ Other name(s): \_\_\_\_\_

*[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]*

3. Applicant's address (home or business – *[delete as appropriate]*):

Postcode:

4(a) The number of the applicant's operating licence (as set out in the operating licence):



4(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

5. Tick the box if the application is being made by more than one person.

[Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Section B

Application on behalf of an organisation *Francisco (Golden Green) Ltd*

6. Name of applicant business or organisation:

[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence.]

7. The applicant's registered or principal address:

*Unit 3  
Otterspool Way  
Watford  
Herts*

Postcode:

*WD25-8HL*

8(a) The number of the applicant's operating licence (as given in the operating licence):

*OS2-002287-W-103907-001*

8(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:

9. Tick the box if the application is being made by more than one organisation.

[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

### Part 3 - Premises Details

10. Proposed trading name to be used at the premises (if known):

*AGORA 4*

11. Address of the premises (or, if none, give a description of the premises and their location):

*92-94 Borough High St  
London*

Postcode:

*SE1*

12. Telephone number at premises (if known):

13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located.

Ground Floor only.

14(a) Are the premises situated in more than one licensing authority area?

Yes/No [delete as appropriate]

14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, **other than the licensing authority to which this application is made:**

N/A

#### Part 4 – Times of operation

15(a). Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case? Yes/No [delete as appropriate] [Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no.]

15(b). If the answer to question 15(a) is yes, please complete the table below to indicate the times when you want the premises to be available for use under the premises licence.

	Start	Finish	Details of any seasonal variation
Mon	hh:mm	hh:mm	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

16. If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

**Part 5 - Miscellaneous**

Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued): (dd/mm/yyyy)

(a). Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? Yes/No [delete as appropriate]

(b). If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.

(a). Do you hold any other premises licences that have been issued by this licensing authority? Yes/No [delete as appropriate]

(b). If the answer to question 19(a) is yes, please provide full details:

- 3 Borough High St - AGC
- 2-94 " - LBO - Basement.
- 11 Cambarnell Rd - AGC.
- 69 Rye Lane, Peckham - AGC

353 Walworth Rd - A  
355 " - LK  
229 " - AG

Please set out any other matters which you consider to be relevant to your application:

N/A

**- Declarations and Checklist (Please tick)**

I confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ We understand that it is an offence under section 342 of the Licensing Act 2005 to give information which is false or misleading in, or in relation to, an application.

I confirm that the applicant(s) have the right to occupy the premises.

Payment of the appropriate fee has been made/is enclosed

A plan of the premises is enclosed

I/ we understand that if the above requirements are not complied with the application may be rejected

I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities

### Part 7 – Signatures

21. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:



Print Name: MATTHEW DEITH

Date: 26/02/2000 (dd/mm/yyyy)

Capacity: Director

22. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

Capacity: \_\_\_\_\_

*[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 21 and 22.]*

*[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]*

### Part 8 – Contact Details

23(a) Please give the name of a person who can be contacted about the application:

Matthew Deith

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

07957-135216

24. Postal address for correspondence associated with this application:

Unit 3  
Ottenspool way  
Watford

Postcode: WD25-8HL Herts

25. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address to which you would like correspondence to be sent:

mdeith@aol.com