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 organisation (such as a company or partnership),	-lease fill in Costion D
	REOR
Section A	RECEIVED  O 3 MAH 2009
Individual applicant	3 MAID
mulvidual applicant	<000
1. Title: Mr  Mrs  Miss  Ms  Dr  Other	77.5
2. Surname:	Other name(s):
[Use the names given in the applicant's operating operating licence, as given in any application for	
3. Applicant's address (home or business – [dele	te as appropriate]):
Postcode:	
4(a) The number of the applicant's operating licer	nce (as set out in the operating licence):
-	
4(b) If the applicant does not hold an operating lic give the date on which the application was made:	
Tick the box if the application is being made by	more than one person.
[Where there are further applicants, the information	
on additional sheets attached to this form, and the further applicants".]	
Section B	2 5 17 1
Application on behalf of an organisation Fra	while (Golders Green) Itd.
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	

	7. The applicant's registered or prin	ncipal address:	
	Unit 3		
	otterspool Wat For Harts	Wox	
	wat Fa	_ 0	
	Ц.,	0(	
	Postcode:	2	
	WD25-840		
	8(a) The number of the applicant's OS2-	operating licence (as given in - 00 2287- N- 1	
	8(b) If the applicant does not hold a give the date on which the applicati		ne process of applying for one,
	9. Tick the box if the application is I	NATE OF THE PARTY	
	[Where there are further applicants on additional sheets attached to thi further applicants".]		
	Part 2 – Premises Details		
	10. Trading name used at licensed	premises:	
	AGORA		fillsions and its leastless
	11. Give the address of the premises Where the premises are a vessel, go the licensing authority's area where should include an address with a po-	give the place indicated in the the vessel is wholly or partly	premises licence as the place in
	92 - 94		
	92-94 Borough	- 14.0 p	
	Co		
-	Postcode: SEI		
	12. Telephone number at premises	(if known):	
	13. Type of premises licence to be	varied:	
		_arge Casino □	Small Casino
		Bingo 🗌	Adult Gaming Centre
	Betting (track)	Betting (other)	Family Entertainment Centre
	14. Premises licence number (if kno	THE STATE OF THE S	
	2 2 S O 15. If you are making this applicatio	3-10-10-10-10	transfer or reinstatement of the
	premises licence into your name, pl on the premises licence (if known):		
	Surname:	Other name(s):	

4

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#### 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			
Sat			
Sun		4	

- 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:

NA

Part 4	- Declarations and Checklist (Please tick as appropriate)	
applic Gamb	confirm that, to the best of my/ our knowledge, the information contained in this ation is true. I/ We understand that it is an offence under section 342 of the ling Act 2005 to give information which is false or misleading in, or in relation to, oplication.	
I/ We	confirm that the applicant(s) have the right to occupy the premises.	
Check		200
•	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 –	
	<ul> <li>A statement explaining why it is not reasonably practicable to produce the licence and,</li> </ul>	
	<ul> <li>An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence</li> </ul>	
•	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	
Signa	applicant, please state in what capacity:	
Print N	Name: MATTHEW DEITH	
Date:		
	r joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other If signing on behalf of the applicant, please state in what capacity: ure:	authorised
Print N		
Date:	(dd/mm/yyyy) Capacity:	
"Signa	e there are more than two applicants, please use an additional sheet clearly marke ture(s) of further applicant(s)". The sheet should include all the information reque aphs 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:

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

07957-1352K

22. Postal address for correspondence associated with this application:

Ottespool was worfool Perts

Postcode: WD2S-8HL

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: tha and 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 r	nade on the relevant form for that t	type of premises or application.
Part 1 – Type of premise:	s licence applied for	
Regional Casino 🗌	Large Casino	Small Casino
Silving page 175 more recovery of	Adult Gaming Centre	Family Entertainment Centre
Bingo □ Betting (Track) □	Betting (Other)	
Setting (Track)	Betting (other)	
On you hold a provisional s	statement in respect of the premise	es? Yes 🗌 No 🔲
f the answer is "ves", plea	se give the unique reference numb	per for the provisional statement (as
set out at the top of the firs	st page of the statement):	
same and the same and the same and		
Part 2 – Applicant Details	The state of the s	
f you are an individual, ple	ease fill in Section A. If the applicat	tion is being made on benait of an
organisation (such as a co	mpany or partnership), please fill ir	Section B.
Section A		
ndividual applicant		
Title: Mr 🗆 Mrs 🗀 Miss	☐ Ms ☐ Dr ☐ Other (please spe	ecify)
, Title, IVII IVII'S IVIIS	Mis   Di   Ottici (Presses sha	
2. Surname:	Other name	e(s):
	e applicant's operating licence or, i	if the applicant does not hold an
pperating licence, as given	in any application for an operating	licence]
. Applicant's address (hor	ne or business – [delete as approp	natej):
<b>*</b>		
Postcode:		
(a) The number of the app	olicant's operating licence (as set o	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 Golden Green Ho
	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.
	Ottespool Wax
	12460
	Ottespool was Wortfood Herts
	Postcode: WD2S-8HC
	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:
	The state of the s
	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".]
1	
	Part 3 – Premises Details
	10. Proposed trading name to be used at the premises (if known):
	11. Address of the premises (or, if none, give a description of the premises and their location):
	On at a line
	92-94 Borough Heblot Landan
	1 0-00
1	Postcode: Set
	Postcode: S C I  12. Telephone number at premises (if known):
1	12. Telephone names at premises to mem?

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:

NA

### 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			
√ved			
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]	
1 1 2 2 2 2 1 1 1 1 2 2 2	-AGC
43 Borough High of - LBO - Basement.	LBO
31 Combernell Rd-AGC	10
67-69 Rye lane Peekham-AGC 229 Wal worth Rd- 20. Please set out any other matters which you consider to be relevant to your application:	AGC

Part (	6 – Declarations and Checklist (Please tick)	
applio Gamb	confirm that, to the best of my/ our knowledge, the information contained in this cation is true. I/ We understand that it is an offence under section 342 of the bling Act 2005 to give information which is false or misleading in, or in relation to, pplication.	
1/ We	confirm that the applicant(s) have the right to occupy the premises.	
Check	klist:	F-120 51
•	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	<b>-</b>
•	I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities	<u></u>

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:
Augus .
Print Name: MATTHEW DEITH
Date: 26(2/2009 (dd/mm/yyyy) Capacity: Oue of o
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.]
P. C. Asst Potails
Part 8 – Contact Details  23(a) Please give the name of a person who can be contacted about the application:
25(a) Flease give the manie of 2 p
Matthew Della
23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:
O 7957-135216
24. Postal address for correspondence associated with this application:
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ottenpool was
BOUNDING-RAI HENTS
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:

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

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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Where the application is-

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

	s licence applied for	
Regional Casino  Bingo	Large Casino	Small Casino
Betting (Track)	Adult Gaming Centre Detting (Other)	Family Entertainment Centre
Do you hold a provisional s	statement in respect of the premises?	Yes ☐ No ☐
If the answer is "yes", plea set out at the top of the firs	se give the unique reference number	for the provisional statement (as
n de marije kantin de saken i Akasti (1481). Ve		
Part 2 – Applicant Details		
f you are an individual, ple organisation (such as a cor	ase fill in Section A. If the application npany or partnership), please fill in So	is being made on behalf of an ection B.
ection A		
ndividual applicant		
. Title: Mr 🗌 Mrs 🗌 Miss	☐ Ms ☐ Dr ☐ Other (please specify	)
. Surname;	Other name(s)	2 2
Surname; Ise the names given in the		; e applicant does not hold an
Surname; Ise the names given in the perating licence, as given i	Other name(s) applicant's operating licence or, if the	: e applicant does not hold an ence]

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 Frankice Coldes Green Hd
	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
	OHenpool Wy
	OHERPOOL WY
	berts
	Postcode: WD2S-RHL.
	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.
	o. The the box if the application is being made by more than one organisation.
	I'^here there are further applicants, the information required in questions 6 to 8 should be included additional sheets attached to this form, and those sheets should be clearly marked "Details of
L	further applicants".]
	Part 3 – Premises Details
	10. Proposed trading name to be used at the premises (if known):
	11. Address of the premises (or, if none, give a description of the premises and their location):
	92-94 Borosh Hoh of
	92-94 Borough Hoh Ot Londa
	Postcode: SEI
	12. Telephone number at premises (if known):
	The state of the s

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:

NM

### 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		<u>L</u>	
ьe			
Thurs			
Fri			
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:

on as it is issued): (dd/mm/yyyy)  (a). Does the application relate to premises which are paich already has a premises licence? Yes/No. (delete as	2822722223AV 100		ice as
(b). If the answer to question 18(a) is yes, please confirm y the main track premises licence has been submitted wa). Do you hold any other premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licences that have be some feeling and the premises licence as a premise of the premises licence as a premise of the premises licence and the premise of the premises licence and the premise of the p	n by ticking the	box that an applicat	ion to
3/No [delete as appropriate]	been issued by	this licensing author	ity?
b). If the answer to question 19(a) is yes, please provide	full details:		
3 Borough Hoh A-AGC	353 L	valu month	ed - Acc
12-94 " - LBO-Basement	355	",	-180
1 camberwell Rel - MGC.	229	<i>t.</i>	- AGC
: 69 Rege lana peckham. AGC			1.00
Please set out any other matters which you consider to be	oe relevant to v	Our application:	
	,	our application.	

- Declarations and Checklist (Please tick)	09/15/2 1 TO S
confirm that, to the best of my/ our knowledge, the information contained in this it is true. I/ We understand that it is an offence under section 342 of the ing Act 2005 to give information which is false or misleading in, or in relation to, plication.	
onfirm 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	
/ we understand that if the above requirements are not complied with the application may be rejected	
we understand that it is now necessary to advertise the application and give ne appropriate notice to the responsible authorities	

Part 7 - Signa	tures	
		icitor or other duly authorised agent. If signing on behal
	t, please state in what capaci	ity;
Signature:	$\overline{}$	
	LOCAL	
Print Name:	MATTHEW C	JEITH ,
Date: 26/or	2009 (dd/mm/yyyy)	
		applicant, or 2nd applicant's solicitor or other authorised please state in what capacity:
1		
Print Name: _	W.CO.SH. SH. 1990-1 124-0	Pade states as the
Date:	(dd/mm/yyyy)	Capacity:
Part 8 – Contac	ed should be a copy of the pe	ason's written signature.
23(a) Please giv	e the name of a person who	can be contacted about the application:
	Natthew D	eth
23(b) Please giv		mbers at which the person identified in question 23(a)
can be contacted	07957-13	35216
24. Postal addre	ss for correspondence assoc	ciated with this application:
	nit 3	
C	Heopool w	~
	wortfad	~
PostcodA: N	Heopool wa wortad 25-84c Hests	
25. If you are har	opy for correspondence in re	lation to your application to be sent via e-mail, please
		ke correspondence to be sent:
	I Maderill	to man and

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

#### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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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 ty	pe of premises or application.
		E E E E E E E E E E E E E E E E E E E
art 1 – Type of premise		
Regional Casino	Large Casino	Small Casino
Bingo 🗌	Adult Gaming Centre	Family Entertainment Centre
Betting (Track)	Betting (Other)	
Do you hold a provisional	statement in respect of the premises	? Yes 🗌 No 🗌
If the answer is "yes", plea	ase give the unique reference numbe	r for the provisional statement (as
set out at the top of the fir	st page of the statement):	
Part 2 – Applicant Detail	s	
	ease fill in Section A. If the applicatio	on is being made on behalf of an
	ompany or partnership), please fill in S	
ation A		
ರ್ವtion A ndividual applicant		
nutridual applicant		
I. Title: Mr 🗌 Mrs 🗌 Miss	Ms Dr Other (please speci-	fy)
		0.00
2. Surname:	Other name(s	
	e applicant's operating licence or, if to in any application for an operating lic	
. Applicant's address (hor	me or business – [delete as appropria	ite]):
Į.		
ostcode:	4 2 2	
<ul><li>(a) The number of the app</li></ul>	olicant'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:
	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 (Golden Green) Ho
	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
	Otterspeal Way Wattad Herts
	Honts
	Postcode: WO2S-8HI
	8(a) The number of the applicant's operating licence (as given in the operating licence):
	OSL-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.
	" "here 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 Of Landan
	Landan

Postcode: SG (
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:



### 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			
эd			
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:

. Proposed commencement date for licence (leave blank if you war on as it is issued): (dd/mm/yyyy)			
(a). Does the application relate to premises which are part of a tracich already has a premises licence? Yes/No [delete as appropriate.]	el		
(b). If the answer to question 18(a) is yes, please confirm by ticking y the main track premises licence has been submitted with this appropriate the confirmal properties.	46 4 41 4	application to	
a). Do you hold any other premises licences that have been issued if No [delete as appropriate]	by this licensing	g authority?	
b). If the answer to question 19(a) is yes, please provide full details 3 Booch High GI - AGC	383	Walward	threel - A
2-94 " - LBO - Bosement.	225	)e	- CK
" Cambernall Rd-AGK.	229	٠,	- NO
i69 Ryclane, Rokham-Hox			eresid
Please set out any other matters which you consider to be relevant	to your applicat	ion:	
,			
N/A		1	

Declarations and Checklist (Please tick)	NOT THE WAY
confirm that, to the best of my/ our knowledge, the information contained in this it is true. I/ We understand that it is an offence under section 342 of the ing Act 2005 to give information which is false or misleading in, or in relation to, plication.	
onfirm that the applicant(s) have the right to occupy the premises, st:	<b>_</b>
Payment of the appropriate fee has been made/is enclosed  A plan of the premises is enclosed	
/ we understand that if the above requirements are not complied with the application may be rejected	
we understand that it is now necessary to advertise the application and give ne appropriate notice to the responsible authorities	

Part 7 – Signatures				
21. Signature of applic	cant or applicant's solicit	or or other du	y authorised agent. If sig	gning on behalf
of the applicant, pleas	e state in what capacity:	SOCIAL VIEW MINISTER		
Signature:				
	Massam			
Print Name: MAT	THEW DEI	TH		
Date: 26/02/2009		Capacity:	Dirêctor	
22. For joint applicatio agent. If signing on be Signature:	ns, signature of 2nd app half of the applicant, ple	blicant, or 2nd ease state in w	applicant's solicitor or o	ther authorised
Print Name:		USA 1995		
Date:	(dd/mm/yyyy)	Capacity:		
[Where the application electronically and show	is to be submitted in an ild be a copy of the pers	electronic for son's written s	m, the signature should ignature.]	be generated
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Part 8 – Contact Deta		on he contact	ad about the application	
23(a) Please give the r	name of a person who ca	an be contact	ed about the application	ě
M	atthew (	Seith		
23(b) Please give one can be contacted:	or more telephone numb	pers at which	the person identified in c	question 23(a)
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	correspondence associa		application:	
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	ottempood!	wa		
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Postcode:W D25-	8HL Her	45		
25. If you are happy for	correspondence in related to which you would like	tion to your ap	nce to be sent:	e-mail, please
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