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

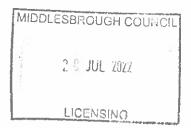
Before completing this form please read the guidance notes at the end of the form.

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.

(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



## Part 1 - Premises details

| Postal address of premises or, if none, Ordnance Survey map reference or description |                      |  |
|--------------------------------------------------------------------------------------|----------------------|--|
| 22-24 PRINCES ROAD                                                                   |                      |  |
| Post town                                                                            | Post code (if known) |  |
| MIDDLES BROUGH                                                                       | TS14BB               |  |
| Tolophono number (if any)                                                            |                      |  |
| Telephone number (if any)                                                            |                      |  |
|                                                                                      |                      |  |

Description of premises (please read guidance note 1)

OFF LICENCE- GROCERY SHOP.

## Part 2- Proposed supervisor details

| Full | name | of | proposed | designated | premises | supervisor |
|------|------|----|----------|------------|----------|------------|
|      |      |    |          |            | P        |            |

PARVEEN AICHTAR IQBAL

Nationality

BRITISH

Place of birth

MIDDLESBROUGH

Date of birth

21/08/18

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

1820

Full name of existing designated premises supervisor (if any)

ABUZAR NAVEED

Please tick yes I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please read guidance note 2) 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 (please read guidance note 3) 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 notify the existing premises supervisor (if any) of this application (please read guidance note 4) I understand that if I do not comply with the above requirements my

application will be rejected

It is an offence, under Section 158 of the Licensing Act 2003, to knowingly or recklessly 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 a valid leave to enter or remain in the UK or an adult who is subject to conditions which would prevent that person from taking up employment will be liable to a civil penalty under Section 15 of the Immigration, Asylum and Nationality Act 2006 and, pursuant to section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified by virtue of their immigration status.

| Signature  Date  2D 107/22  Capacity  For joint applicants signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity  Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8)  Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address (optional) | (See guidance note 6). If signing on beha capacity. |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|
| Capacity  For joint applicants signature of 2 <sup>nd</sup> applicant, 2 <sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity  Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8)  Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                |                                                     |                                     |
| For joint applicants signature of 2 <sup>nd</sup> applicant, 2 <sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity  Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8)  Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                          | Date 20/07/22                                       | 2                                   |
| For joint applicants signature of 2 <sup>nd</sup> applicant, 2 <sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity  Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8)  Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                          | Capacity                                            |                                     |
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| Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |                                     |
| Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | ••••••                              |
| Post town  Post Code  Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contact name (where not previously give             | en) and postal address for          |
| Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                                     |
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| Telephone number (if any)  If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                                     |
| If you would prefer us to correspond with you by e-mail your e-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Post town                                           | Post Code                           |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Telephone number (if any)                           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                   | h vou by e-mail vour e-mail address |

## **Guidance notes**

- Describe the premises. For example the type of premises it is.
   An application to vary a premises licence so as to name a different premises supervisor may be given immediate effect (that is, from the time

that the application is received by the licensing authority) if the premises licence holder requests it at the time he makes an application under section 37. Section 38 enables the holder of a premises licence to continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work. If the application is rejected, the licence reverts to the form it took before the application was made

- 3. A full copy of the application form must be sent to the chief officer(s) of police for the police area(s) in which the premises are situated. The notice should state whether section 38 of that Act (circumstances in which section 37 application given interim effect) applies to the application.
- 4. Section 37(4)(b) of the Licensing Act 2003 requires the premises licence holder to notify the existing designated premises supervisor (if any) about this application. It is sufficient for the licensee to inform the existing premises supervisor in writing, without the need to share the specific details of the application. The notice should state whether section 38 of that Act (circumstances in which section 37 application given interim effect) applies to the application.
- 5. The application form must be signed.
- 6. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have authority to do so.
- 7. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 8. This is the address which we shall use to correspond with you about this application.

## Consent of individual to being specified as premises supervisor

| 1 .            | PAKVEEN                                           | AKHIHK                             | IUBHL               |                       |               |            |      |
|----------------|---------------------------------------------------|------------------------------------|---------------------|-----------------------|---------------|------------|------|
|                | [full name of prospective                         |                                    |                     |                       |               |            |      |
| of             |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                | address of prospective pr                         |                                    |                     |                       |               | ********** |      |
| hereb<br>super | y confirm that I give<br>visor in relation to the | my consent to a application for    | be specific         | ed as the             | designated pr | emises     |      |
| [type o        | SALE OF I                                         | ALCOHOL                            |                     |                       |               |            |      |
| by             |                                                   |                                    |                     |                       |               |            |      |
| [name          | ARVEEN AICH<br>of applicant]                      | TAR 198                            | PL                  | ••••                  |               |            |      |
| relatin        | g to a premises licen                             | ce MB/<br>[number of exi           | O   PRO             | (415 / O<br>, if any] | 63483         |            |      |
| for            |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                |                                                   |                                    |                     |                       |               |            |      |
|                | _                                                 | $\circ$                            |                     | 0                     |               | - T-1      |      |
| [name a        | FESTYLE - 25<br>and address of premises to        | 2-24 $1/2$ 0 which the application | NCE≤<br>on relates] | KOAD                  | MIDDLESC      | SROUGH IST | 413K |

| and any premises licence by                                 | e to be granted or varied in respect of this application made                                                            |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| PARVEEN [name of applicant]                                 | AICHTAR IQBAL                                                                                                            |
| concerning the supply of                                    | alcohol at                                                                                                               |
| 22-24 P                                                     | PRINCES ROAD                                                                                                             |
| MIDDLESI                                                    | BROUGH                                                                                                                   |
| TS1 4,                                                      | BB .                                                                                                                     |
| [name and address of premise                                | s to which application relates]                                                                                          |
| I also confirm that I am e intend to apply for or cu below. | entitled to work in the United Kingdom and am applying for, irrently hold a personal licence, details of which I set out |
| Personal licence number                                     |                                                                                                                          |
| [insert personal licence number                             | 820<br>, if any]                                                                                                         |
| Personal licence issuing a                                  | authority                                                                                                                |
|                                                             | CLEVELAND BOROUGH COUNCIL elephone number of personal licence issuing authority, if any]                                 |
|                                                             |                                                                                                                          |
|                                                             |                                                                                                                          |
| Signed                                                      |                                                                                                                          |
|                                                             |                                                                                                                          |
| Name (please print)                                         | PARVEEN AICHTAR IOBAL                                                                                                    |
| Date                                                        | 20/07/22                                                                                                                 |