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

For help contact
licensing@peterborough.gov.uk
Telephone: 01733453491

* required information

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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: AGS/32991/309
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 behalf of the applicant?

(•) Yes ( ) No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name: Rontec Watford Limited
* Family name: Rontec Watford Limited
* E-mail: [redacted]
Main telephone number:
Include country code.
Other telephone number:

[ ] Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

(•) Applying as a business or organisation, including as a sole trader
( ) Applying as an individual

A sole trader is a business owned by one 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? ( ) Yes (•) No
Note: completing the Applicant Business section is optional in this form.

Is the applicant's business registered outside the UK? (•) Yes ( ) No

Commercial register: Jersey
Registration number: 108486
Business name: Rontec Watford Limited
If the applicant's business is registered, use its registered name.

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VAT number	-	NA	Put "none" if the applicant is not registered for VAT.
Legal status		Private Limited Company	
Applicant's position in the business		Legal Team	
Home country		Jersey	The country where the applicant's headquarters are.

Registered Business Address

Address for the applicant's business that appears on the commercial register.

Building number or name	26
Street	New Street
District	
City or town	St Helier
County or administrative area	
Postcode	JE2 3RA
Country	Jersey

Agent Details

* First name	[redacted]
* Family name	[redacted]
* E-mail	[redacted]
Main telephone number	[redacted] Include country code.
Other telephone number	

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ◉ An agent that is a business or organisation, including a sole trader — A sole trader is a business owned by one person without any special legal structure.
- ○ A private individual acting as an agent

Agent Business

Is your business registered in the UK with Companies House? ◉ Yes ○ No — Note: completing the Applicant Business section is optional in this form.

Registration number		OC334359	
Business name		Winckworth Sherwood LLP	If your business is registered, use its registered name.
VAT number	-	NA	Put "none" if you are not registered for VAT.

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Legal status	Limited Liability Partnership
Your position in the business	Licensing Assistant
Home country	United Kingdom

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

Building number or name	[redacted]
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

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PREMISES DETAILS

I/we 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	077205

Are you able to provide a postal address, OS map reference or description of the premises?

(•) Address ( ) OS map reference ( ) Description

Address

* Building number or name	Wansford Service Station
* Street	A47 Nene
District	
* City or town	Peterborough
County or administrative area	
Postcode	PE8 6LB
* Country	United Kingdom

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Contact Details

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

A petrol forecourt store.

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name: Mohamed Faizal

* Family name: Ahamed Lebbe

* Nationality: [redacted]

* Place of birth: [redacted]

* Date of birth: [redacted] dd / [redacted] mm / [redacted] yyyy

Personal licence number of proposed designated premises supervisor: 070425

Issuing authority of that licence: Peterborough City Council

Full Name Of Existing Designated Premises Supervisor

First name: Piratheeban

Family name: Pushpalingam

* 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 existing premises supervisor is suddenly indisposed or unable to work.

○ Yes ◉ No

* Date you would like this application to have effect under section 38 of the Licensing Act 2003: 30 / 08 / 2022 (dd / mm / yyyy)

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☒ 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 relevant part of it be submitted with this application?

◉ Yes ○ No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

○ Electronically, by the proposed designated premises supervisor

◉ As an attachment to this variation

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application. The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate.

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name [redacted]

* Capacity [redacted]

* Date 16 / 08 / 2022
dd mm yyyy

Remove this signatory

Full name

Capacity

* Date / /
dd mm yyyy

Remove this signatory

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Add another signatory

OFFICE USE ONLY

Applicant reference number	AGS/32991/309
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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