

* required information

Section 1 of 4

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

HALLO01-06

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

Holland Bazaar Limited

* Family name

Hollond Bazaar Limited

* E-mail

[REDACTED]

Include country code.

Main telephone number

[REDACTED]

Other telephone number

[REDACTED]

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.

Registration number

04577156

Business name

Holland Bazaar Limited

If the applicant's business is registered, use its registered name.

VAT number

-

802641853

Put "none" if the applicant is not registered for VAT.

Legal status

Private Limited Company

Continued from previous page...

Applicant's position in the business

Director

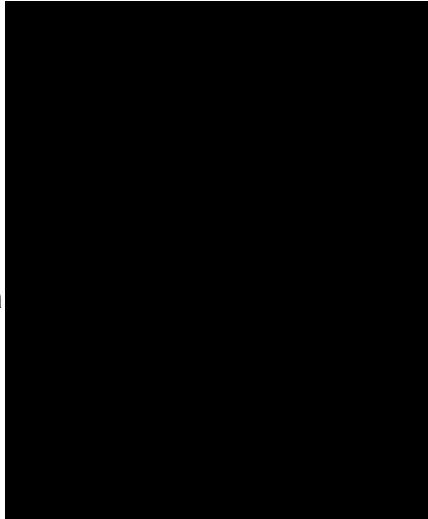
Home country

United Kingdom

The country where the applicant's headquarters are.

Registered Address

Building number or name



Redacted address details including building number, street, district, city/town, county/administrative area, postcode, and country.

Address registered with Companies House.

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name



Redacted first name field.

* Family name



Redacted family name field.

* E-mail



Redacted email field.

Main telephone number



Redacted main telephone number field.

Include country code.

Other telephone number



Redacted other telephone number field.

Indicate here if you w

e

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

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

13017034

Business name

Fidanci Law Ltd

If your business is registered, use its registered name.

VAT number

-

370460218

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

Continued from previous page...

Your position in the business	Director	
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		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		

Section 2 of 4

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

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	Hyperama Wholesale
* Street	Padholme Road East
District	
* City or town	Peterborough
County or administrative area	
Postcode	PE1 5XL
* Country	United Kingdom

Contact Details

E-mail	
Telephone number	
Other telephone number	
Describe the premises. For e	

Continued from previous page...

Cash & Cary

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

I will notify the existing premises supervisor (if any) of this 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

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

Continued from previous page...

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'

Section 4 of 4

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

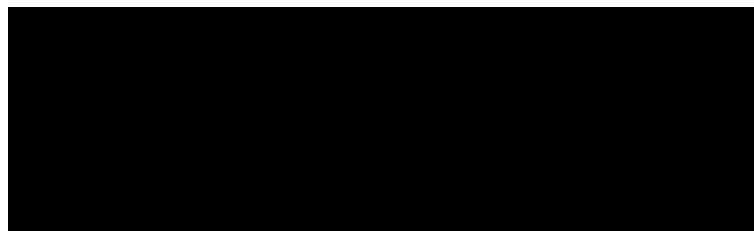
DECLARATION

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



Full name

Capacity

* Date

 / /

dd mm yyyy

OFFICE USE ONLY

Applicant reference number	HALLO01-06
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	<input type="checkbox"/>

[1](#) [2](#) [3](#) [4](#) [Next >](#)