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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

012694/00560 - HTD

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

National Amusements (UK) Limited

* Family name

National Amusements (UK) 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.

Registration number

2141131

Business name

National Amusements (UK) Limited

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

VAT number

GB NOT KNOWN

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

Legal status

Private Limited Company

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Applicant's position in the business

Premises Licence Holder

Home country

United Kingdom

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name

Showcase Cinemas

Street

Refield Way

District

Lenton

City or town

Nottingham

County or administrative area

Nottinghamshire

Postcode

NG7 2UW

Country

United Kingdom

Agent Details

* First name

Poppleston Allen Solicitors

* Family name

* E-mail

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 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.

Is your business registered outside the UK?

☐ Yes ☒ No

Business name

Poppleston Allen Solicitors

If your business is registered, use its registered name.

VAT number

GB

610752862

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

Legal status

Partnership

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Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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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

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

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

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

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Licensed cinema

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

dd mm yyyy

Personal licence number of proposed designated premises supervisor

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.

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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.

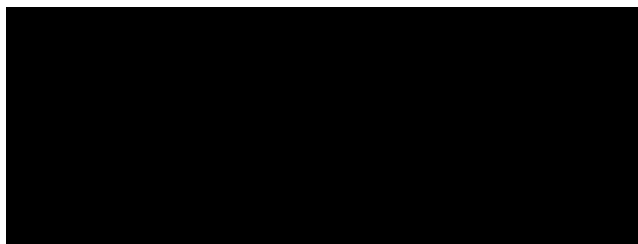
☒ Ticking this box indicates you have read and understood the above declaration

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

* Capacity

* Date



Remove this signatory

Full name

Capacity

* Date

 / /
dd mm yyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

Applicant reference number	012694/00560 - HTD
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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