

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

LB/100062

You can put what you want here to help you track applications if you make lots of them. It

Registration number

09429990

Business name

The Craft Union Pub Company Limited

If your business is registered, use its registered name.

VAT number

GB

670313167

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

Legal status

Private Limited Company

Continued from previous page...

Your position in the business

Home country

The country where the headquarters of your business is located.

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

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

Continued from previous page...

Public House

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

Michelle Lorraine

* Family name

Young

Personal licence number of
proposed designated
premises supervisor

125519

Issuing authority of that
licence

Peterborough

Full Name Of Existing Designated Premises Supervisor

First name

Alan John

Family name

Johnson

* 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

* Date

18

/

09

/

2025

ddmmyyyy

Remove this signatory

Full name

Capacity

* Date

/

/

ddmmyyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

| | |
|----------------------------|--------------------------|
| Applicant reference number | LB/100062 |
| 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"/> |