

* 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

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	Licensing Coordinator	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	3	
Street	Monkspath Hall Road	
District	Shirley	
City or town	Solihull	
County or administrative area	West Midlands	
Postcode	B90 4SJ	
Country	United Kingdom	

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

128182

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	Sir Henry Royce
* Street	1-3 The Broadway
District	
* City or town	Peterborough
County or administrative area	Cambridgeshire
Postcode	PE1 1TA
* Country	United Kingdom

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

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.

* 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

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

Louise Barnett

* Date

18 / 09 / 2025

dd

mm

yyyy

Full name

Capacity

* Date

/ /

dd

mm

yyyy

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"/>

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