

## 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

AGS/39096/1152

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

Motor Fuel Limited

\* Family name

-

\* 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

05206547

Business name

Motor Fuel Limited

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

VAT number

-

NA

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

Legal Team

Home country

United Kingdom

The country where the applicant's headquarters are.

**Registered Address**

Address registered with Companies House.

Building number or name

10

Street

Bricket Road

District

City or town

St Albans

County or administrative area

Postcode

AL1 3JX

Country

United Kingdom

**Agent Details**

\* First name

Andrew

\* Family name

Sanders

\* E-mail

asanders@wslaw.co.uk

Main telephone number

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.

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.

Legal status

Limited Liability Partnership

*Continued from previous page...*

Your position in the business

Home country

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

\* 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

Continued from previous page...

A petrol forecourt store.

## Section 3 of 4

### SUPERVISOR

#### Full Name Of Proposed Designated Premises Supervisor

\* First name

\* Family name

\* Nationality

\* Place of birth

\* Date of birth

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'

#### 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

\* Capacity

\* Date

01

/

09

/

2026

ddmmyyyy

Remove this signatory

Full name

Capacity

\* Date

/

/

ddmmyyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

|                            |                          |
|----------------------------|--------------------------|
| Applicant reference number | AGS/39096/1152           |
| 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"/> |