Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

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I / we	KUMUTHAN	THAVARASA						
	ne(s) of premises lice		•					
the indiv		application as the pre	premises licence to specify mises supervisor under					
Premises licence number								
	LAPL WA 0604							
		PLUS	survey map reference or					
Post tow	/n		Post code (if known)					
MORCAMBE			LA3 129					
Telephor	ne number (if any)	01524 4145	9.5					

	(please read guidance note 1)			
CONVINIENCE	STORE			
r				

Part 2

Full name of proposed designated premises supervisor	
METHANEN PUVANENDRASA	
FEWALLIAN THREETA	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
LAPA 22801	
Full name of existing designated premises supervisor (if any)	
Please tick ye) \$
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	-
I have enclosed the premises licence or relevant part of it	-
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)	
Reasons why I have failed to enclose the premises licence or relevant part of	it
Please tick ye	es
and the second of the second o	=
 I have made or enclosed payment of the fee I will give a copy of this application to the chief officer of police 	다_
I have enclosed the consent form completed by the proposed premises supervisor	7
 I have enclosed the premises licence, or relevant part of it or explanation 	9
I will give a copy of this form to the existing premises supervisor, if any	业/.
 I understand that if I do not comply with the above requirements my application will be rejected 	3
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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

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what capacity. Signature Date Capacity DW rel For joint applicants signature of 2nd applicant 2nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) **Post Code** Post town Telephone number (if any) If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Part 3 - Signatures (please read guidance note 2)

Guidance notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

 4. Where there is more than one applicant, both applicants or their respective
- agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor 1 METHENAN PUVANENDRASA [full name of prospective premises supervisor] · of FLAT 3, 14A HOYSHAM ROAP Morcanse Lancaster City Council
Customer Services [home address of prospective premises supervisor] hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for CHANGE OF PPS [type of application] by MUCHAN THAVARASA [name of applicant]

LAPLWA 0604

relating to a premises licence [number of existing licence, if any] for 16 A Hay SHAM BLOOD MACAMBE [name and address of premises to which the application relates] and any premises licence to be granted or varied in respect of this application made by Kumusian THAVARASA [name of applicant] concerning the supply of alcohol at 16 h HW SHAM Rond MORCIAMBG [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Personal licence number LAGA 2280/ [insert personal licence number, if any] [insert name and address and telephone number of personal licence issuing authority, if any Puna mas name (please print)

7/s//3_____dated

[name of applicant]						×	
concerning the supply	y of alcoh	ol at		•			
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- ,							
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[name and address of prei	nises to wh	ich applic	ation relat	98)		·	
I also confirm that I at licence, details of which	n applyin h I set ou	g for, in t below.	tend to	apply for o	current	y hold	a persor
Personal licence numb	er		•	•	• •		
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Insert personal licence num	ber, if any)						
Personal licence issuin	a authorit	v					
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Signed		•			•		
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