



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

For help contact
 entertainment.licensing@leeds.gov.uk
 Telephone 0113 2474095

* 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 This is the unique reference for this application generated by the system

Your reference 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

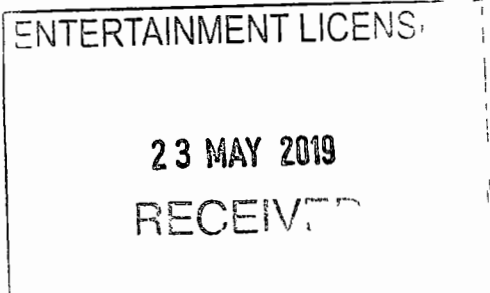
* First name

* Family name

* E-mail

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

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

VAT number Put 'none' if the applicant is not registered for VAT.

Legal status

Continued from previous page

Applicant's position in the business

Home country

The country where the applicant's headquarters are

Registered Address

Address registered with Companies House

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name

* Family name

* E-mail

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

Business name

If your business is registered, use its registered name

VAT number

Put "none" if you are not registered for VAT

Legal status

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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

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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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These premises operates as a public house in Leeds

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date 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

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work

I will notify the existing premises supervisor (if any) of this application

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 will make payment of the fee on submission of this application

* I have attached or will post to Leeds City Council, the consent form completed by the proposed designated premises supervisor or I will ensure the designated premises supervisor submits the consent form electronically

* I have attached, or will post to Leeds City Council, the premises licence, or the relevant part of it or explanation

* I will give a copy of this form to the existing premises supervisor, if any

* I understand that if I do not comply with the above requirements my application will be rejected

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

Michelle Maxwell

* Capacity

Licensing Assistant

* Date

23 / 05 / 2019
dd mm yyyy

Remove this signatory

Full name

Capacity

* Date

/ /
dd mm yyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

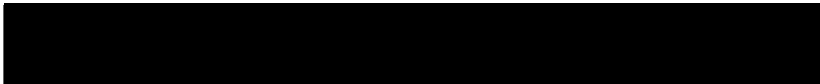
Applicant reference number	MDM/Mook/Leeds
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	<input type="checkbox"/>

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Consent of individual to being specified as premises supervisor

I MR KENNETH MAGAMBO

of



(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 Variation of DPS

by ~~Punch Partnerships (PTL) Limited~~ SKOL PUBS & BARS Limited
(name of applicant)

relating to a premises licence, PREM/02461/002 (number of existing licence)

for MOOK LEEDS DUNCAN STREET LS1 6DL
(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 ~~Punch Partnerships (PTL) Limited~~ SKOL PUBS & BARS Limited
(name of applicant)

concerning the supply of alcohol at MOOK LEEDS YARD,

LEEDS, LS1 6NJ.

(name and address of premises to which application relates)

I also confirm that I am entitled to work in the United Kingdom and am applying for / intend to apply for or currently hold a personal licence, details of which I set out below

Personal Licence Number



Personal licence issuing authority



(insert name and address and telephone number of personal licence issuing authority if any)



signed

MR KENNETH MAGAMBO

name (please print)

14/05/2019

dated

