

wk/202203008

21/7/22



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

For help contact
licensing.policy@waverley.gov.uk
Telephone: 01483 523033

* 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 | <input type="text" value="Not Currently In Use"/> | This is the unique reference for this application generated by the system. |
| Your reference | <input type="text" value="100-22"/> | 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 | <input type="text" value="Peter"/> |
| * Family name | <input type="text" value="Hirons"/> |
| * E-mail | <input type="text" value="peterhirons"/> |
| Main telephone number | <input type="text"/> |
| Other telephone number | <input type="text"/> |

Include country code.

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.

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Address

| | |
|-------------------------------|----------------------|
| * Building number or name | <input type="text"/> |
| * Street | <input type="text"/> |
| District | <input type="text"/> |
| * City or town | Godalming |
| County or administrative area | <input type="text"/> |
| * Postcode | <input type="text"/> |
| * Country | United Kingdom |

Agent Details

| | |
|------------------------|----------------------|
| * First name | Paul |
| * Family name | Neades |
| * E-mail | <input type="text"/> |
| Main telephone number | <input type="text"/> |
| Other telephone number | <input type="text"/> |

Include country code.

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.

Is your business registered outside the UK? Yes No

| | |
|-------------------------------|-------------------------|
| Business name | TL Guys Ltd |
| VAT number | <input type="text"/> |
| Legal status | Private Limited Company |
| Your position in the business | Licensing Consultant |
| Home country | United Kingdom |

If your business is registered, use its registered name.

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

The country where the headquarters of your business is located.

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Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

| | |
|-------------------------------|-------------------------|
| Building number or name | Rural Enterprise Centre |
| Street | Vincent Carey Road |
| District | Rotherwas |
| City or town | Hereford |
| County or administrative area | Herefordshire |
| Postcode | HR26FE |
| Country | United Kingdom |

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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 | 77 |
| * Street | Meadrow |
| District | Farncombe |
| * City or town | Godalming |
| County or administrative area | Surrey |
| Postcode | GU7 3JG |
| * Country | United Kingdom |

Contact Details

| | |
|------------------------|----------------------|
| E-mail | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Other telephone number | <input type="text"/> |

Describe the premises. For example, what type of premises it is

Public House

Continued from previous page...

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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

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'

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PAYMENT DETAILS

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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.

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

Paul Neades

* Capacity

Licensing Consultant

* Date

/ /

dd mm yyyy

Remove this signatory

Full name

Capacity

* Date

/ /

dd mm yyyy

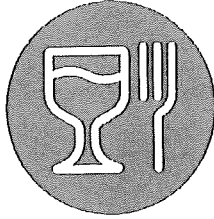
Remove this signatory

Add another signatory

OFFICE USE ONLY

| | |
|----------------------------|--------------------------|
| Applicant reference number | 100-22 |
| 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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**THE
LICENSING GUYS**
KEEPING YOU LEGAL AND TRADING

Consent of Individual to being specified as Premises Supervisor

Peter Hirons

I _____
[full name of prospective premises supervisor]

of

Surrey, _____

[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:

Vary DPS of a Premises Licence

[type of application]

by

Peter Hirons

[name of applicant]

relating to a premises licence

LN/000001983

[number of existing licence, if any]

for a premises called

The Leathern Bottle
77 Meadrow
Godalming
Surrey
GU7 3JG

[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

Peter Hirons

[name of applicant]

concerning the supply of alcohol at

The Leathern Bottle

77 Meadrow

Godalming

Surrey

GU7 3JG

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and hold a personal licence, details of which I set out below.

Personal licence number

LN/000007591

[insert personal licence number, if any]

Personal Licence Issuing Authority

Waverley Council

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

Peter Hirons

Date

07/07/2022
