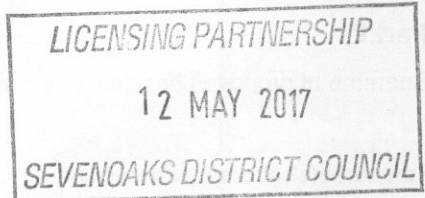


Licensing Authority: *The Licensing Partnership*

*Printed and signed
Declaration to be
returned to:*

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP



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 found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

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

For help or information about filling in this type of electronic form, click on the 'help' button.

Please note: You must send the original licence and consent form (Page 7) to the Council after you have submitted this application. Your application will not be deemed valid until these documents have been received.

I/We being the premises licence holder, 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 reference number

[Click here for Licence Lookup](#)

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

11 Snowdon Parade
Snowdon Avenue
Maidstone
Kent
ME14 5NS

Telephone number at premises (if any)

Description of premises (please read guidance note 1)

Mini Market, Off-licence and grocery store

Part 2

Surname of proposed designated premises supervisor

Forename(s) of proposed designated premises supervisor

Personal licence number of proposed designated premises supervisor (if any)

Issuing authority of that licence

Full name of existing designated premises supervisor (if any)

Please make selection with an "x"

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 Yes No

I have attached a scanned copy of the premises licence or relevant part of it along with the declaration. Yes No

(If you are not attaching the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to attach a scanned copy of the premises licence or relevant part of it

A Consent To Be Designated Premises Supervisor (DPS) Declaration.

Licensing Authority: The Licensing Partnership

Ref:

Applicant(s):

- I have attached a scanned copy of the consent form (Page 7) completed by the proposed premises supervisor
- I have attached a scanned copy of the premises licence, or the relevant part of it or explanation
- I will send the consent form (Page 7) completed by the proposed premises supervisor and current premises licence to the Council
- 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

Please provide your email address for correspondence - required

licensing@narts.org.uk

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 NOTIFICATION

Part 5 - Confirmation (please read guidance note 2)

Confirmation of applicant or applicant's solicitor or other duly authorised agent (see guidance note 3). If confirming on behalf of the applicant please state in what capacity.

Name Confirmation Date Capacity, e.g. Licence Holder or Agent

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 4). If confirming on behalf of the applicant please state in what capacity.

Name Confirmation Date Capacity, e.g. Licence Holder or Agent

Contact name (where not previously given) and address for correspondence associated with this application

NARTS
53 Stoke Newington High Street
N16 8EL

Telephone number (if any)

02072413636

Notes for Guidance

1. Describe the premises. For example the type of premises it is.
2. The application form must be confirmed.
3. An applicant's agent (for example solicitor) may confirm 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.

For Official Use Only

Form Filename:

Submission Ref:

Applicant Name: Snowden Food Store Limited,

Date Submitted:

Use this page if there is any other information that you think we should know about. Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

We have already got the Consent DPS form signed therefor instead of using your one I have enclosed the one we got. I believe this will be satisfactory.

Please print, sign and send to the address at the bottom of this page.

I,
[Full name of prospective premises supervisor]

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:
[type of application]

by
[name of applicant]

relating to a premises licence
[number of existing licence, if any]

for
[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
[name of applicant]

concerning the supply of alcohol at
[name and address of premises to which the application relates]

I can 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

Personal Licence Issuing Authority

Signed

Name

Date

Please send this consent form to: Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Custom Process Configuration

XML Specific

Application Type
Licence Case Type
Licence Status
XML Template
CAPS Reference

Payments request

CallingAppID
CallingAppRef
PaymentSourceCode

Response response

PaymentAuthorisationCode
IncomeManagementReceiptNumber
OriginatorsReference
CardScheme
CardType
PaymentAmount
ResponseCode
ResponseDescription
Number of payment lines

Payment 1

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 3

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 5

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Customer Message

Service Message

Payment 2

Receipt Number
DueDate
PaymentType
Pay Description
XMLDescription
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 4

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Case Overview

Form file name: Current Date
 Form data set reference: Date From
 Has been E-Signed Date/Time E-Signed
 Date/Time Submitted to main server Data Validation Reference
 Date/Time Submitted to external server Date/Time form Started

Automatic Messaging

Receipt Email Address Notification Email Address
 Receipt Email Subject Notification Email Subject
 Receipt Email Message Notification Email Message
 Mobile Number

Case Notes

CRM Integration

CRM Case Ref

Form History

12/05/2017 09:18:06 | Received on Remote Server
 12/5/2017 09:24:29 | Submitted | (anon, .) | Application to Vary a Premises Licence and Specify Supervisor (1.0).wdf, 25541, Licence Inc Bexley, new | Ref: 025541-70512-92YNRC4
 12/05/2017 09:18:06 | Received on Remote Server
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Form Database

Primary Record ID Secondary Record ID
 Department Name Form Status
 Depart Classification / Priority
 Dept Case Reference Search Field 3
 Date Record Started
 Date Last Modified

Current User

Title Surname First Name User Record Id
 Tel No Email address Address
 User Classification
 Portal Username Expert for this form

System Data

Pages active with dynamic paging
 Data Locked for Editing Date of offline forms creation Enable high-quality print (WDF)
 Type of form - ufx, wdf or txt If TXT - Optimised for screen-readers Enable top controls on opening
 Start page for expert users Print Collation Config

Form Design Settings

Dynamic paging enabled Use page titles for page menu ESigning is available After ESigning/Submission - go to page No? TXT form is available
 Pages with forced error checking
 Pages that override forced error checking
 Last visible page: Unregistered users Registered users Expert users Override for TXT version
 Default branding file: e.g. 'UK Revenues & Benefits Branding (1.0)'
 Shared Data Dictionary e.g. 'Victoria Forms UK Government Data (1.0)'
 HTML pages within WDF Page no for thumbnail

The Licensing Partnership

Application to vary a Premises Licence to Specify an Individual as Designated Premises Supervisor

Sevenoaks District Council, Tunbridge Wells Borough Council, Maidstone Borough Council and London Borough of Bexley have a Licensing Partnership to process and issue licensing applications.

Licensing Officers are located at each local licensing authority, together with admin support to deal with people visiting the Gateways and Tunbridge Wells Town Hall.

Thank you for using the Licensing Partnership self service. Before completing the form, please be aware of the following information:

Form Submission:-

When you have completed the application form please submit it. When you submit the application, you will receive an electronic response which will be sent directly to the email address provided in the application.

Payment:-

If you are submitting an application which requires a payment, please have your credit or debit card to hand as payment can be made upon submitting your application form. Applications requiring a payment will only be validated once payment is confirmed.

General Information:-

If you have any problems with completing the form please contact licensing@sevenoaks.gov.uk

For Official Use Only

Title	Customer Name	Form Filename	
	Snowden Food Store Limited	Form Reference	Snowden Food Store Limited.
DOB	NINO	Notes	Caps Reference
TEL			
Email			
Customer Address			
11 Snowdon Parade Snowdon Avenue Maidstone Kent ME14 5NS			
Date Form Started	12/05/2017 08:52:19		
Date of E-signing			
Date Submitted			
Validation Ref			
Occupancy type			
Advisor Name (who started form)			
Advisor Department			
Self-Service			